

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002468

1. Entity Name :

THE END TIME MINISTRY HOUSE OF TRUE DELIVERANCE.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90043 031 ****70.00

Principal Place of Business Mailing Address
 2467 S LANE AVE 2467 S LANE AVE
 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-3705
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number Applied For
 59-3443445 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKIBBEN, DON C
 C/O 2467 S LANE AVE
 JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE M ☐ Delete
 NAME BROOKS, GLEN E
 STREET ADDRESS 3038-B JOHN HANCOCK COURT
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MCKIBBEN, DON C
 STREET ADDRESS 5121 CANTONA ST, APT 198
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☒ Change ☐ Addition
 NAME MCKibben, Don C.
 STREET ADDRESS 5327 Timuquana Rd. #198
 CITY-ST-ZIP Jax, FL 32210

TITLE D ☐ Delete
 NAME MCKIBBEN, KATRINA N
 STREET ADDRESS 5121 CATOMA ST, APT 198
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☒ Change ☐ Addition
 NAME MCKibben, Katrina N.
 STREET ADDRESS 5327 Timuquana Rd. #198
 CITY-ST-ZIP Jax, FL 32210

TITLE D ☐ Delete
 NAME BROOKS, VERONICA M
 STREET ADDRESS 3038-B JOHN HANCOCK CT
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME WRIGHT, JOYCE ELDER
 STREET ADDRESS 1865 EDGEWOOD AVE W, APT 46
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME ERNEST, PATRICIA
 STREET ADDRESS 2039 NIBLICK DR APT 43
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Change ☒ Addition
 NAME Nicole A. Richardson - Way
 STREET ADDRESS 1441 Manotak Ave. #1302
 CITY-ST-ZIP Jax, FL 32210

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DO NOT SIGN HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00

904-783-0454

Daytime Phone #

CR2E037 (9/99)