## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # N9800001460 Jun 02, 2000 8:00 am 1. Entity Name **Secretary of State** ENDURING IN CHRIST END TIME MINISTRIES, INC. 06-02-2000 90019 023 \*\*\*\*70.00 Principal Place of Business Mailing Address 3616 EAST HENRY AVE 3616 EAST HENRY AVE TAMPA FL 33610 TAMPA FL 33610-3721 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 504 Applied For City & State City & State 4. FEI Number 59-3499581 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required <u>/LLSRORU&H</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. $\Box$ Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE GAINER, CHESTER NAME NAME STREET ADDRESS STREET ADDRESS 3616 EAST HENRY AVE \* CITY-ST-ZIP CITY-ST-ZIE TAMPA FL 33610 ☐ Addition VSD Change Delete TITLE TITLE GAINER, BARBARA J NAME NAME STREET ADDRESS 3616 EAST HENRY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA: FL: 33610 - -Change ☐ Addition ☐ Delete TITLE Jenkins, Milton NAME STREET ADDRESS 3616 EAST HENRY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** TITLE Change Addition Delete JENKINS, ANGELA E NAME STREET ADDRESS 3616 EAST HENRY AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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