

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003897

1. Corporation Name

END TIME HARVEST MINISTRIES, INC.

Principal Place of Business

**5561 OAK CROSSING DRIVE
JACKSONVILLE FL 32244**

Mailing Address

**P.O. BOX 14320
JACKSONVILLE FL 32238**

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90098 020 ****61.25

0006284



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

59-3475725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ZVARA, WILLIAM L
4810 ARAPAHOE AVENUE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **HILL, WALTER A**
STREET ADDRESS **5561 OAK CROSSING DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ DELETE

NAME **HILL, KERI L**
STREET ADDRESS **5561 OAK CROSSING DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ DELETE

NAME **CHADDOCK, ROBERT A**
STREET ADDRESS **10060 ELM BROOK CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ DELETE

NAME **CHADDOCK, PAMELA E**
STREET ADDRESS **10060 ELM BROOK CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D, V** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D, T** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D, S** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER A. HILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-99
Date

(904) 264-0043
Daytime Phone #

CR2E037 (11/98)