1/19/00-90112-009-$70.00-$70.00

DOCUMENT # N99000005321

1. Entity Name

END TIME FAMILY WORSHIP MINISTRIES CHURCH INC.

FILED

00 APR -6 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
C0005692

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19200 N.W. 19TH AVENUE MIAMI FL 33056	19200 N.W. 19TH AVENUE MIAMI FL 33056-2816

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0946687 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOTTAGE, ALBERT R
19200 N.W. 19TH AVENUE
MIAMI FL 33056

7. Name and Address of New Registered Agent

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 PASTOR/PRIDENT ALBERT R NOTTAGE Albert R. Nottage 04/13/2000
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 D NAME STREET ADDRESS CITY-ST-ZIP	P NOTTAGE, ALBERT R 19200 N.W. 19TH AVENUE MIAMI FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEVILLE A. WILLIAMS 1760 NW 189 TERRACE MIAMI FLORIDA 33056 TREASURER DIRECTOR ☐ Change ☑ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VP NOTTAGE, DENISE D 19200 N.W. 19TH AVENUE MIAMI FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CYNTHIA HOLLINGER 16141 N.W. 17 PLACE OPA LOCKA FLORIDA 33054 FINANCIAL SECRETARY DIRECTOR ☐ Change ☑ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	T NOTTAGE, ALDRIAN T 19200 N.W. 19TH AVENUE MIAMI FL 33056	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TODD BROWN 6772 DOGWOOD DRIVE MIRAMAR FLORIDA 33023 TRUSTEE ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD KELLY 15 S.E. 2 STREET DANIA, FLORIDA 33004 TRUSTEE ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALVIN SCOTT 1601 NW 2 AV MIAMI FLORIDA 33169 TRUSTEE ☐ Change ☑ Addition

CR2E037 (9/99)

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: Albert R. Nottage 01-04-00 305 625-4256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #