

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005321

1. Entity Name

END TIME FAMILY WORSHIP MINISTRIES CHURCH INC.

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90290 017 ****70.00

Principal Place of Business

19200 N.W. 19TH AVENUE
MIAMI FL 33056

Mailing Address

19200 N.W. 19TH AVENUE
MIAMI FL 33056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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.

Pastor: *Albert R. Nottage*

SIGNATURE *Albert R. Nottage*

(NOTE: Registered Agent signature required when reinstating)

06/15/2001
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

TITLE PD
NAME NOTTAGE, ALBERT R
STREET ADDRESS 19200 N.W. 19TH AVENUE
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE VD
NAME NOTTAGE, DENISE D
STREET ADDRESS 19200 N.W. 19TH AVENUE
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE TD
NAME WILLIAMS, NEVILLE A
STREET ADDRESS 1760 NW 189 TERRACE
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE T
NAME BROWN, TODD
STREET ADDRESS 6772 DOGWOOD DR.
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE T
NAME KELLY, RONALD
STREET ADDRESS 15 SE 2 STREET
CITY-ST-ZIP DANIA FL 33004 ☐ Delete

TITLE SD
NAME HOLLINGER, CYNTHIA
STREET ADDRESS 16141 N.W. 17 PLACE
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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

06/15/2001 (305) 625-4256

CR2E037 (10/00)