

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005321**

1. Entity Name

END TIME FAMILY WORSHIP MINISTRIES CHURCH INC.**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90127 002 ****70.20

Principal Place of Business

Mailing Address

**19200 N.W. 19TH AVENUE
MIAMI FL 33056****19200 N.W. 19TH AVENUE
MIAMI FL 33056**

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

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	NOTTAGE, ALBERT R	
STREET ADDRESS	19200 N.W. 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	NOTTAGE, DENISE D	
STREET ADDRESS	19200 N.W. 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, NEVILLE A	
STREET ADDRESS	1760 NW 189 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, TODD	
STREET ADDRESS	6772 DOGWOOD DR.	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, RONALD	
STREET ADDRESS	15 SE 2 STREET	
CITY-ST-ZIP	DANIA FL 33004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLLINGER, CYNTHIA	
STREET ADDRESS	16141 N.W. 17 PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33054	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Albert R. Nottage

Date

Daytime Phone #

4-28-2002 (305) 625-4256

CR2E037 (9/01)