

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005321

FILED
Apr 30, 2007
Secretary of State

Entity Name: END TIME FAMILY WORSHIP MINISTRIES CHURCH INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0946687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOTTAGE, ALBERT R
Address: 19200 N.W. 19TH AVENUE
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: NOTTAGE, DENISE D
Address: 19200 N.W. 19TH AVENUE
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: WILLIAMS, NEVILLE A
Address: 1760 NW 189 TERRACE
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: BROWN, TODD
Address: 6772 DOGWOOD DR.
City-St-Zip: MIRAMAR, FL 33023

Title: T (X) Delete
Name: KELLY, RONALD
Address: 15 SE 2 STREET
City-St-Zip: DANIA, FL 33004

Title: SD (X) Delete
Name: HOLLINGER, CYNTHIA
Address: 16141 N.W. 17 PLACE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: NOTTAGE, ALDRIAN T
Address: 19200 N.W. 19TH AVENUE
City-St-Zip: MIAMI, FL 33056

Title: TD (X) Change () Addition
Name: THOMAS, CLEVAN
Address: 819 N. W. 206 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: SD (X) Change () Addition
Name: WILLIAMS, NEVILLE A
Address: 1760 N. W. 189 TERRACE
City-St-Zip: MIAMI, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT R. NOTTAGE

PD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date