

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90276 036 \*\*\*\*70.00

**DOCUMENT # N99000005321**

1. Entity Name

**END TIME FAMILY WORSHIP MINISTRIES CHURCH INC.**



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

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida 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	VD	<input type="checkbox"/> Delete
NAME	NOTTAGE, DENISE D	
STREET ADDRESS	19200 N.W. 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, NEVILLE A.	
STREET ADDRESS	1760 NW 189 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, TODD	
STREET ADDRESS	6772 DOGWOOD DR.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, RONALD	
STREET ADDRESS	15 SE 2 STREET	
CITY-ST-ZIP	DANIA FL 33004	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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:** *Denise Nottage* **5-2-2003 (305) 625-4256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)