2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# N99000006423

Entity Name: END TIME CROSS ROAD MINISTRY INC.

Current Principal Place of Business:

501 N. 9TH AVENUE
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1055
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 65-0952215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, DELORIS J
909 MLK BLVD.
WAUCHULA, FL 33873 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: WILLIAMS, DELORIS
Address: 909 MARTIN LUTHER KING BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: S ( ) Delete
Name: TOMPKINS, TAMIE
Address: 807 PLEASANT WAY
City-St-Zip: BOWLING GREEN, FL 33834

Title: VD ( ) Delete
Name: WILLIAMS, RALPH
Address: 909 MARTIN LUTHER KING BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete
Name: BROWN, VICTORIA
Address: 1216 DAVID COURT
City-St-Zip: WAUCHULA, FL 33873

Title: T ( ) Delete
Name: MCMILLIAN, MICHAEL D
Address: 405 GEORGIA STREET
City-St-Zip: WAUCHUA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DELORIS J WILLIAMS PD 05/14/2007
Electronic Signature of Signing Officer or Director — Date