

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90282 027 \*\*\*\*70.00

**DOCUMENT # N01000001543**

1. Entity Name

**DIVINE ENCOUNTER MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**8750 REN'S TRAIL  
 KISSIMMEE FL 34747**

**8750 REN'S TRAIL  
 KISSIMMEE FL 34747**

2. Principal Place of Business

**513 BARN ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KISSIMMEE, FL**

City & State

4. FEI Number

**74-3025934**

Applied For

Not Applicable

Zip

Country

**34744**

**USA**

Zip

Country

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

**CASARES, AMANDA REV  
 8750 REN'S TRAIL  
 KISSIMMEE FL 34747**

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

*Rev. Amanda Casares*, **Rev. AMANDA CASARES** **4/29/02**

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASARES, ARTHUR J</b>	
STREET ADDRESS	<b>8750 REN'S TRAIL</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34747</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, RON</b>	
STREET ADDRESS	<b>1166 S GOODMAN</b>	
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRESHER, JERRY</b>	
STREET ADDRESS	<b>6928 SAWGRASS DR</b>	
CITY-ST-ZIP	<b>ST CLOUD FL 34771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, CLAUDIO REV DR</b>	
STREET ADDRESS	<b>CALLE 16 NO 101DX13</b>	
CITY-ST-ZIP	<b>MERIDA YUCATAN MEXICO</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASARES, AMANDA</b>	
STREET ADDRESS	<b>8750 RENS TRAIL</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34747</b>	
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
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:

*Rev. Amanda Casares*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**  
 Date

**407 397-0558**  
 Daytime Phone #

CR2E037 (9/01)