

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90218 050 \*\*\*\*70.00

DOCUMENT # **N01000001543**

1. Entity Name  
**DIVINE ENCOUNTER MINISTRIES, INC.**



Principal Place of Business  
**513 BARN ST.  
KISSIMMEE FL 34747**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**8750 Rens Trail**

Suite, Apt. #, etc.

3. Mailing Address  
**same**

Suite, Apt. #, etc.

City & State  
**Kissimmee, FL**

City & State

4. FEI Number **74-3025934**

Applied For  
Not Applicable

Zip  
**34747**

Country  
**Osceola**

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

SIGNATURE Rev. Amanda Casares *Rev. Amanda Casares* 2/16/03  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASARES, ARTHUR J</b> <b>8750 REN'S TRAIL</b> <b>KISSIMMEE FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERNANDEZ, CLAUDIO REV DR</b> <b>CALLE 16 NO 101DX13</b> <b>MERIDA YUCATAN MEXICO</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASARES, AMANDA</b> <b>8750 RENS TRAIL</b> <b>KISSIMMEE FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>St. Clair Husbands, David</b> <b>1930 Blackfoot Tr., St. Cloud, FL 34777</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Presher, Jerry</b> <b>6928 Sawgrass Dr.</b> <b>St. Cloud, FL 34771</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Rev. Amanda Casares* 2/16/03 407-397-0558  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/02)