# above, or on an attachment with all other like empowered.

#### SIGNATURE: JOHN J CLEVELAND

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400003193

Entity Name: IN HIS PRESENCE MINISTRIES, LEESBURG, INC.

### **Current Principal Place of Business:**

7115 GRAY SHADOW STREET ORLANDO, FL 32818-8350

### **Current Mailing Address:**

POST OFFICE BOX 682814 ORLANDO, FL 32868 US

#### FEI Number: 20-0541050

## Name and Address of Current Registered Agent:

CLEVELAND, JOHN J 7115 GRAY SHADOW STREET ORLANDO, FL 328

D

CLEVELAND, JULIAN

ORLANDO FL 32818

6905 KNIGHTSWOODS DRIVE

Title

Name

Address

City-State-Zip:

ORLANDO, FL 32818-8350 US				
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
Officer/Director Detail :				
Title	Ρ	Title	VP	
Name	CLEVELAND, JOHN J	Name	CLEVELAND, VINEY	
Address	7115 GRAY SHADOW STREET	Address	7115 GRAY SHADOW STREET	
City-State-Zip:	ORLANDO FL 32818-8350	City-State-Zip:	ORLANDO FL 32818-8350	

Title

Name

Address

City-State-Zip:

S

WASHINGTON, SHARON

ORLANDO FL 32818-8350

7115 GRAY SHADOW STREET

I hereby 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

Ρ

FILED Apr 29, 2015 Secretary of State CC5825170904

Certificate of Status Desired: No

Date