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

SIGNATURE: JULIUS CLEVELAND

Electronic Signature of Signing Officer/Director Detail

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

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

7115 GRAY SHADOW STREET ORLANDO, FL 32818-8350

DOCUMENT# N0400003193

Current Mailing Address:

7115 GRAY SHADOW ST. ORLANDO, FL 32818-8350 US

FEI Number: 20-0541050

Name and Address of Current Registered Agent:

CLEVELAND, J JULIUS 7115 GRAY SHADOW STREET 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.

The above hamed				iaa.			
SIGNATURE	: J. JULIUS CLEVELAND			04/16/2018			
	Electronic Signature of Registered Agent			Date			
Officer/Direc	fficer/Director Detail :						
Title	Ρ	Title	VP				
Name	CLEVELAND, J JULIUS	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	D	Title	S				
Name	MC KINLEY, ALBERT	Name	WASHINGTON, SHARON				
Address	7115 GRAY SHADOW ST.	Address	7115 GRAY SHADOW STREET				
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ORLANDO FL 32818-8350				

Certificate of Status Desired: No

FILED Apr 16, 2018 Secretary of State CC0367750463

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04/16/2018

PRESIDENT