

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90003 013 ****61.25

DOCUMENT # N00000004678

1. Entity Name

DRENCHED IN HIS PRESENCE MINISTRIES, INC.

B0058472



DO NOT WRITE IN THIS SPACE

Principal Place of Business 128 HAZEL BOULEVARD SANFORD FL 32773	Mailing Address 128 HAZEL BOULEVARD SANFORD FL 32773
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-3658296	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HARTWELL, CHRIS 128 HAZEL BOULEVARD SANFORD FL 32773

7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTWELL, CHRIS <input checked="" type="checkbox"/> Delete 128 HAZEL BOULEVARD SANFORD FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTWELL, BARBARA <input type="checkbox"/> Delete 128 HAZEL BOULEVARD SANFORD FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUZIER, TERRI <input type="checkbox"/> Delete 4047 NICK-O-JACK COVE BUFORD GA 30518
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michelle Lloyd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 109 Ventura Dr Sanford, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ishah Wright <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 210 Brightview Dr. Lake Mary, FL 32746
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: *[Signature]* **5-16-2001** **407-321-8348**

CR2E037 (10/00)