

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004678

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: DRENCHED IN HIS PRESENCE MINISTRIES, INC.

Current Principal Place of Business:

128 HAZEL BOULEVARD
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

128 HAZEL BOULEVARD
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3658296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTWELL, CHRIS
128 HAZEL BOULEVARD
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARTWELL, BARBARA
Address: 128 HAZEL BOULEVARD
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: LAUZIER, TERRI
Address: 4047 NICK-O-JACK COVE
City-St-Zip: BUFORD, GA 30518

Title: D () Delete
Name: LLOYD, MICHELLE
Address: 109 VENTURA DR
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: WRIGHT, ISIAH
Address: 210 BRIGHTVIEW DR
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BURLESON, LISA
Address: 7337 CANAL DR.
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: LEE, IYSE
Address: 153 N. SIR TOPAZ LANE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: LUCHT, PATRICIA
Address: P.O. BOX 932
City-St-Zip: PLYMOUTH, FL 32768

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA HARTWELL

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date