

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2001 90007 035 ****61.25

DOCUMENT # N00000005602

1. Entity Name
MINISTRY OF PRESENCE, INC.

Principal Place of Business Mailing Address
 POST OFFICE BOX 2208 POST OFFICE BOX 2208
 FORT MYERS FL 33902 FORT MYERS FL 33902

00067010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13 SE 15th AVENUE **13 SE 15th AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CAPE CORAL, FL. **CAPE CORAL, FL.**

Zip Country Zip Country
33990-1753 **LEE** **33990-1753** **LEE**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEDGE, DENNIS A
2150 EDISON AVENUE
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name **ROBERT L. CEGELSKI**
 Street Address (P.O. Box Number is Not Acceptable)
13 SE 15th AVENUE
 City **CAPE CORAL** FL Zip Code **33990-1753**

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 **ROBERT L. CEGELSKI** *Robert L. Cegelski* **3/17/01**
 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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BOGER, DON	
STREET ADDRESS	1706 N E 2ND AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, JEAN	
STREET ADDRESS	4640 DELEON STREET, APT. 143	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, KEN	
STREET ADDRESS	4640 DELEON STREET, APT. 143	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEDGE, DENNIS	
STREET ADDRESS	1815 WHITECAP CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEGELSKI, ROBERT	
STREET ADDRESS	13 SE 15th AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL. 33990-1753	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert L. Cegelski* **3/17/01** **(941)722-7039**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)