

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90240 032 ****61.25

DOCUMENT # N00000007917

1. Entity Name

IN GODS PRESENCE CHRISTIAN MINISTRIES INC.

Principal Place of Business 9505 NORFOLK BLVD. JACKSONVILLE FL 32208	Mailing Address 9505 NORFOLK BLVD. JACKSONVILLE FL 32208
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9505 Norfolk Blvd		3. Mailing Address 9505 Norfolk Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32208	Country Duval	Zip 32208	Country Duval

4. FEI Number 59-3695662	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

**JENNINGS, THOMAS E
9505 NORFOLK BLVD.
JACKSONVILLE FL 32208**

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: *Thomas Jennings* DATE: **4/29/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	JENNINGS, THOMAS E
STREET ADDRESS	9505 NORFOLK BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D <input type="checkbox"/> Delete
NAME	WHITLEY, ALMA E
STREET ADDRESS	1176 WEST 13TH ST.
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, JOSEF
STREET ADDRESS	9505 NORFOLK BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D <input type="checkbox"/> Delete
NAME	JACKSON, ZAMEKIO Z DR.
STREET ADDRESS	1656 WEST EDGEWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D <input type="checkbox"/> Delete
NAME	HAWK, MICHAEL DR.
STREET ADDRESS	1656 WEST EDGEWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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 or without other like empowered.

SIGNATURE: *Thomas Jennings* **SIGNATURE REQUIRED** DATE: **4/29/01** DAYTIME PHONE #: **904-765-3375**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)