

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90093 039 \*\*\*\*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

00138923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3695662**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

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	Pastor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janice M. Jennings	
STREET ADDRESS	9505 Norfolk Blvd	
CITY-ST-ZIP	Jax, Fla. 32208	
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 all other like empowered.

SIGNATURE: *Thomas E Jennings* **Thomas E Jennings** September 11, 2002 (904) 765-3875

CR2E037 (4/02)