

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| <b>DOCUMENT # N00000007917</b><br>1. Entity Name<br>IN GODS PRESENCE CHRISTIAN MINISTRIES INC. |  |
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FILED  
04 MAR -2 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>9505 NORFOLK BLVD.<br>JACKSONVILLE, FL 32208 | Mailing Address<br>9505 NORFOLK BLVD.<br>JACKSONVILLE, FL 32208 |
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|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number<br>59-3695662                               | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |
| City & State                   | City & State        | Zip   | Country  |

02052004 Chg-NP CR2E037 (10/03)

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| <b>6. Name and Address of Current Registered Agent</b><br><br>JENNINGS, THOMAS E<br>9505 NORFOLK BLVD.<br>JACKSONVILLE, FL 32208 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>JENNINGS, THOMAS E<br>9505 NORFOLK BLVD.<br>JACKSONVILLE, FL 32208                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Gina L. Waters<br>1536 W. 45th street<br>Jacksonville, Fla. 32208    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete<br>WHITLEY, ALMA E<br>1176 WEST 13TH ST.<br>JACKSONVILLE, FL 32209             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete<br>WILLIAMS, JOSEF<br>9505 NORFOLK BLVD.<br>JACKSONVILLE, FL 32208             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Thomas E. Jennings<br>9505 Norfolk Blvd.<br>Jacksonville, Fla. 32208 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete<br>JACKSON, ZAMEKIO Z DR.<br>1656 WEST EDGEWOOD AVE.<br>JACKSONVILLE, FL 32208 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete<br>HAWK, MICHAEL DR.<br>1656 WEST EDGEWOOD AVE.<br>JACKSONVILLE, FL 32208      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 2000297301898 <input checked="" type="checkbox"/> Addition<br>03/02/04--01032--024 **96.26   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P <input type="checkbox"/> Delete<br>JENNINGS, JANICE M<br>9505 NORFOLK BLVD<br>JACKSONVILLE, FL 32208                      | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *Thomas Jennings* Thomas Jennings 2/5/04 904- 765-3375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #