

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

0001153

09-11-2003 90090 048 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3695662**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNINGS, THOMAS E  
9505 NORFOLK BLVD.  
JACKSONVILLE FL 32208

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 *Thomas E. Jennings*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9-9-03**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **JENNINGS, THOMAS E**  
STREET ADDRESS **9505 NORFOLK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **WHITLEY, ALMA E**  
STREET ADDRESS **1176 WEST 13TH ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **WILLIAMS, JOSEF**  
STREET ADDRESS **9505 NORFOLK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **JACKSON, ZAMEKIO Z DR.**  
STREET ADDRESS **1656 WEST EDGEWOOD AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **HAWK, MICHAEL DR.**  
STREET ADDRESS **1656 WEST EDGEWOOD AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **JENNINGS, JANICE M**  
STREET ADDRESS **9505 NORFOLK BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  Change  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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **9/9/03** Davtime Phone # **904 705-3415**

CR2E037 (4/03)