

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90282 027 ****70.00

DOCUMENT # N01000001543

1. Entity Name

DIVINE ENCOUNTER MINISTRIES, INC.

Principal Place of Business

Mailing Address

**8750 REN'S TRAIL
 KISSIMMEE FL 34747**

**8750 REN'S TRAIL
 KISSIMMEE FL 34747**

2. Principal Place of Business

513 BARN ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

4. FEI Number

74-3025934

Applied For

Not Applicable

Zip

Country

34744

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASARES, AMANDA REV
 8750 REN'S TRAIL
 KISSIMMEE FL 34747**

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

Rev. Amanda Casares, **Rev. AMANDA CASARES** **4/29/02**

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	CASARES, ARTHUR J	
STREET ADDRESS	8750 REN'S TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, RON	
STREET ADDRESS	1166 S GOODMAN	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRESHER, JERRY	
STREET ADDRESS	6928 SAWGRASS DR	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, CLAUDIO REV DR	
STREET ADDRESS	CALLE 16 NO 101DX13	
CITY-ST-ZIP	MERIDA YUCATAN MEXICO	
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 checked="" type="checkbox"/> Addition
NAME	CASARES, AMANDA	
STREET ADDRESS	8750 RENS TRAIL	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
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:

Rev. Amanda Casares
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

407 397-0558
 Daytime Phone #

CR2E037 (9/01)