## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Mar 20, 2006 08:00 AM Secretary of State

DOCUM	(ENT#	N04000	01155	57
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1. Entity Name

IN HIS PRESENCE WORSHIP CENTER, INC.



Principal Place of Business

2810 FRANKFORD AVE PANAMA CITY, FL 32405 Mailing Address

2810 FRANKFORD AVE PANAMA CITY, FL 32405



03132008 No Chg-NP

CR2E037 (11/05)

4. FEI Number 72-1591970 Applied For Not Applicable

5. Certificate of Status Desired

**S**.

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

WEISENSALE, KEN L REV. 2810 FRANKFORD AVE PANAMA CITY, FL 32405

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	named entity submits this statement for the fons of registered agent.	o purpose of changing its registered of	lice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable BIOTE. Registered Agent			signature required when reinstating) DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000475968 04/05/06-80038-005 70.00
10.	OFFICERS AND DIR	ECTORS		<del></del>	<u> </u>
title Name Street address City-SJ-Zip	D WEISENSALE, KEN L REV 2810 FRANKFORD AVE PANAMA CITY, FL 32405	-			
title Name Strlet Address City-St-Zip	D CHASTAIN, CURTIS L 2022 CLAY AVE PANAMA CITY, FL 32405		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, KARL 4093 PARAGON PLACE PANAMA CITY, FL 32408	4			
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZEP					
INLE NAME STREET ADDRESS CITY-ST-ZIP		·			
12. I hereby o	ertily that the information supplied with this	filling does not qualify for the exempti	ons cor	ntained in Chapter 119	3, 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 817, 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: Cutto 1. Chastain Cuttis L. Chastain 3/14/66 (850) 769-949.