

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000011557</b>	
1. Entity Name <b>IN HIS PRESENCE WORSHIP CENTER, INC.</b>	
Principal Place of Business <b>2810 FRANKFORD AVE PANAMA CITY, FL 32405</b>	Mailing Address <b>2810 FRANKFORD AVE PANAMA CITY, FL 32405</b>



02222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>72-1591970</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WEISENSALE, KEN L REV. 2810 FRANKFORD AVE PANAMA CITY, FL 32405</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISENSALE, KEN L REV 2810 FRANKFORD AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTAIN, CURTIS L 2022 CLAY AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, KARL 4093 PARAGON PLACE PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000657419  
03/14/07-80067-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Curtis L. Chastain Curtis L. Chastain 3/3/07 850-769-9491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #