

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90198 033 ****75.00

DOCUMENT # N97000003242

1. Corporation Name

IN HIS PRESENCE EVANGEL CHRISTIAN CHURCHES & MINISTRIES INCORPORATED

Principal Place of Business

VISTA BOWLING CENTER (MEETING ROOM)
2101 VISTA PARKWAY
WEST PALM BEACH FL 33411
US

Mailing Address

C/O REV. MARLENE GINGRICH
P.O. BOX 17394
WEST PALM BEACH FL 33416
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

65-0763513

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GINGRICH, MARLENE C REV.
533 E. REDWOOD DRIVE
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GINGRICH, MARLENE C REV.
STREET ADDRESS 533 E. REDWOOD DRIVE
CITY-ST-ZIP LAKE PARK FL 33403 ☐ DELETE

TITLE VPD
NAME BROWN, BERNARD
STREET ADDRESS 533 E. REDWOOD DRIVE
CITY-ST-ZIP LAKE PARK FL 33403 ☐ DELETE

TITLE DT
NAME BROWN, SYLVIA
STREET ADDRESS 533 E. REDWOOD DRIVE
CITY-ST-ZIP LAKE PARK FL 33403 ☐ DELETE

TITLE MD
NAME CHARLES, DELOUIS
STREET ADDRESS 306 8TH STREET
CITY-ST-ZIP LAKE PARK FL 33403 ☐ DELETE

TITLE RSD
NAME LOWE, FRED
STREET ADDRESS 1500 NORTH CONGRESS
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Marlene C. Gingrich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN HIS PRESENCE
Evangel Christian Churches & Ministries

05/03/99 P.O. BOX 17394 561-688-9010
WEST PALM BEACH, FL 33416
Date Daytime Phone #

CR2E037 (11/98)