

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003242

1. Entity Name

IN HIS PRESENCE EVANGEL CHRISTIAN CHURCHES & MIN

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90002 043 ****75.00

Principal Place of Business Mailing Address
VISTA BOWLING CENTER (MEETING ROOM) C/O REV. MARLENE GINGRICH
2101 VISTA PARKWAY P.O. BOX 17394
WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33416-7394
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0763513 ☒ Applied For
Not Applicable

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

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

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 _____
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 ☒ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GINGRICH, MARLENE C REV. 533 E. REDWOOD DRIVE LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, BERNARD 533 E. REDWOOD DRIVE LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, SYLVIA 533 E. REDWOOD DRIVE LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LOWE, FREDA 1500 NORTH CONGRESS WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD (MANAGING DIRECTOR) HOWELL, CHARLES REV. 1501 WINDORAH WAY-APT#C WEST PALM BEACH, FLORIDA 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS (TREASURER, SECRETARY) HOWELL, BONITA REV. 1501 WINDORAH WAY-APT#C WEST PALM BEACH, FLORIDA 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 by the 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 and address have not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Marlene C. Gingrich* 04/27/2000 P.O. BOX 17394
IN HIS PRESENCE
Evangel Christian Churches & Ministries
WEST PALM BEACH, FL 33416-7394

CR2E037 (9/99)