

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 91219 011 \*\*\*\*75.00

**DOCUMENT # N97000003242**

1. Entity Name

**IN HIS PRESENCE EVANGEL CHRISTIAN CHURCHES & MIN**

Principal Place of Business

Mailing Address

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MD  
 NAME HOWELL, CHARLES REV  
 STREET ADDRESS 1501 WINDORAH WAY APT C  
 CITY-ST-ZIP WEST PALM BEACH FL 33411 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TS  
 NAME BONITA, HOWELL REV  
 STREET ADDRESS 1501 WINDORAH WAY APT #C  
 CITY-ST-ZIP WEST PALM BEACH FL 33411 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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, 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. Marlene C. Gingrich* (REV. MARLENE C. GINGRICH)  
 WEST PALM BEACH, FL 33416-7394  
 P.O. BOX 17394  
 5/21/2001 (561) 818-2198

CR2E037 (10/00)