

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90299 008 \*\*\*\*75.00

**DOCUMENT # N97000003242**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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(4)(b), 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** 04/24/2004 (561) 3864225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone