## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002201

Name:

Address:

City-St-Zip:

FERRARA, SUSANA

8798 NW 150TH ST

MIAMI LAKES, FL 33018

**FILED** Feb 12, 2004 Secretary of State

Entity Name: IN HIS PRESENCE MINISTRIES INC. **Current Principal Place of Business: New Principal Place of Business:** 8798 NW 150TH ST. MIAMI LAKES, FL 33018 **Current Mailing Address: New Mailing Address:** 8798 NW 150TH ST MIAMI LAKES, FL 33018 FEI Number: 52-2157271 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVAS, LOURDES 8798 NW 150TH ST MIAMI LAKES, FL 33018 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition RIVAS, LOURDES Name: Name: Address: 8798 NW 150 ST Address: City-St-Zip: MIAMI LAKES, FL 33018 City-St-Zip: Title: VTD Title: ( ) Delete () Change () Addition Name: SUNG, ELENA Name: Address: 8798 NW 150TH ST Address: City-St-Zip: MIAMI LAKES, FL 33018 City-St-Zip: Title: () Delete Title: () Change () Addition SUNG, LUIS Name: Name: 8798 NW 150TH ST Address: Address: City-St-Zip: MIAMI LAKES, FL 33018 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LOURDES RIVAS PD 02/12/2004