

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002201

FILED  
May 24, 2005  
Secretary of State

**Entity Name:** IN HIS PRESENCE MINISTRIES INC.

**Current Principal Place of Business:**

8798 NW 150TH ST.  
MIAMI LAKES, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

8798 NW 150TH ST.  
MIAMI LAKES, FL 33018

**New Mailing Address:**

**FEI Number:** 52-2157271      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RIVAS, LOURDES  
8798 NW 150TH ST.  
MIAMI LAKES, FL 33018      US

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:**

Title: PD      ( ) Delete  
Name: RIVAS, LOURDES  
Address: 8798 NW 150 ST  
City-St-Zip: MIAMI LAKES, FL 33018

Title: VTD      ( ) Delete  
Name: SUNG, ELENA  
Address: 8798 NW 150TH ST  
City-St-Zip: MIAMI LAKES, FL 33018

Title: D      ( ) Delete  
Name: SUNG, LUIS  
Address: 8798 NW 150TH ST  
City-St-Zip: MIAMI LAKES, FL 33018

Title: DS      ( ) Delete  
Name: FERRARA, SUSANA  
Address: 8798 NW 150TH ST  
City-St-Zip: MIAMI LAKES, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LOURDES RIVAS

PD

05/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date