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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18045

(7)

1. Corporation Name

HOSEAN INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

% DONALD E. GIESER
P. O. BOX 1552
JUPITER FL 33468-8552

Mailing Address

% DONALD E. GIESER
P. O. BOX 1552
JUPITER FL 33468-8552



3. Date Incorporated or Qualified
12/03/1986

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIESER, DONALD E.
9870 SE LITTLE CLUB WAY, NO.
TEQUESTA 33469

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DM** ☒ DELETE

NAME **RALPH, GEORGE E.**
STREET ADDRESS **14223 LEEWARD WAY**
CITY-ST-ZIP **PALM BEACH GRDNS FL**

TITLE **D** ☐ DELETE

NAME **SWEET, STEVEN**
STREET ADDRESS **6621 CLIFF AVENUE**
CITY-ST-ZIP **LONGBRANCH WA**

TITLE **DT** ☐ DELETE

NAME **GIESER, DONALD**
STREET ADDRESS **9870 SE LITTLE CLUB WAY**
CITY-ST-ZIP **TEQUESTA FL**

TITLE **DS** ☐ DELETE

NAME **GIESER, NORENE**
STREET ADDRESS **9870 SE LITTLE CLUB WAY**
CITY-ST-ZIP **TEQUESTA FL**

TITLE **D** ☒ DELETE

NAME **TURNER, MARY JANE**
STREET ADDRESS **1222 NO. HARRISON ST.**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **D** ☐ DELETE

NAME **LUCIEN, CALEB**
STREET ADDRESS **PO BOX 15665 NA**
CITY-ST-ZIP **WEST PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **SCHWENK, J. MICHAEL**
1.3 STREET ADDRESS **15170 79th Terrace N.**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norene A. Gieser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORENE A. GIESER, SECRETARY **FEB. 21, 1996**

Date

Daytime Phone #

407 746 2852

CR2E037 (12/95)