## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18045 (

(7)

## HOSEAN INTERNATIONAL MINISTRIES, INC.

Principal Place of Business Mailing Address							<u> </u>	- L HANDELTHE LARK TIEGOT TOTAT MENTL REPORT BYNT DERKY OLD IT DYKRY DYNAY RENYL DYBEY TÛDI			
% DONALD E. GIESER P. O. BOX 1552 JUPITER FL 33468-8552			% Donald E. Gieser P. O. Box 1552 Jupiter Fl. 33468-8552			12	3. Date Incorporated or Qualified 12/03/1986				
}	0 100 0002		00/1/2// 12 0040	00/11/EI/ 12 00400 0302				4. FEI Number			
							52	<u>-1426078</u>		Not Applicable	
2. Principal Place of Business			2a. Mailing Address			5. Certiflos	ate of Status Desired	<b>X</b>	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	Campaign Financing and Contribution		\$5.00 May Be Added to Fees		
City & State			City & State			7. Is this n	7. Is this nonprofit corporation a homeowners association?				
Zip 24		Country 25	Zip 29	30	Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
OFFICE		<del>-</del>			81	Name					
1	R, DONALD E LITTLE CI	LUB WAY, NO.					dress (P.O. Box	Number is Not Accepta	able)		
TEQUESTA 33469					83						
				_	84				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 lamitiar 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.	2. OFFICERS AND DIRECTORS 13.						ADDITIO	NS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12	
TITLE	D	D DELETE 1.1 TI					)			☐ Change XX Addition	

NAME SCHWENK, MICHAEL J. 1.2 NAME SCORZA, DEBRA A. 15170 79TH TERR N. STREET ADDRESS 1.3 STREET ADDRESS 3915 So. Flagler Dr. #303 PALM BEACH GRDNS FI WEST PALM BEACH. 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change 2.1 TITLE TITLE SWEET, STEVEN 2.2 NAME NAME BURNETT, TERRY 6621 CLIFF AVENUE 2.3 STREET ADDRESS STREET ADDRESS 187 Pebble Beach LONGBRANCH WA CITY - ST - ZIP 2. 4 CITY-ST-ZIP LITTLE ROCK, AR DELETE Change XX Addition TITLE DT 3.1 TOLE GIESER, DONALD 3.2 NAME COATS, LINDA, NAME 9870 SE LITTLE CLUB WAY 3.3 STREET ADDRESS 611 Quarry Road STREET ADDRESS TEQUESTA FL CAPITOL HEIGHTS CITY-ST-ZIP 3.4. CITY-ST-ZIP 20743 DELETE Change XX Addition TITLE 4.1 TITLE REV. RUSSELL OGDEN 9535 Franklin Ave. GIESER, NORENE 4, 2 NAME NAME 9870 SE LITTLE CLUB WAY 4.3 STREET ADDRESS STREET ADDRESS SEABROOK, 20706 TEQUESTA FL 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME LUCIEN, CALEB 5.2 NAME STREET ADDRESS PO BOX 15665 NA 5.3 STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP \_\_ Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME

64CMY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agricular report of 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, provide a statute with an address.

6.3 STREET ADDRESS

SIGNATURE Jan. 9, 1998 561 746 3853

CR2E037 (10/97)

**FILED** 

Feb 02 1998 8:00am

Secretary of State