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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N18045

1. Corporation Name

HOSEAN INTERNATIONAL MINISTRIES, INC.

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P,	Ō.	BO)	(15	52		
11	DIT	co i	CI 6	30466	0000	

FILED Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90047 019 ****70.00

Principal Place	of Business	Mailing Address						
% DONALD E.	GIESER	% DONALD E. GIESER			T LEGGISLER GER SINGEL INGSI GERIST DERBI DERBI BLEIK BL			
P. O. BOX 155		P. O. BOX 1552						
JUPITER FL 33468-8552 JUPITER FL 33468-8552						at piú hian are:		11 31311 1331
					l		,	
2 Principal DI	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	 		
Zi rillicipal Fi	ace of Dosiness	26			12/03/1986			
Suite, Apt.	# etc.	Suite, Apt. #, etc.			4. FEI Number		Api	olied For
2	.,	27			52-1426078		No	Applicable
City & State	•	City & State			5. Certificate of Status Desired	X	\$8.75 A	dditional
3		28			5. Certificate of Status Desired		Fee Re	quired
Zip	Country	Zip	Col	intry	6. Election Campaign Financing		\$5.00	May Be
4	25	29	30		Trust Fund Contribution	<u></u>	Added to	o Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
				81 Name		,]
GIESER, D	ONALD F			82 Street Addr	ess (P.O. Box Number is Not Accept	able)		
	JTTLE CLUB WAY, NO.			000.				
TEQUESTA				83				
ILGOLON	1 00100			84 City			85 Zip C	Code
						FĻ	1 1	_{_
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Sta	atutes, the a	bove-named corp	oration submits this statement for the	purpose of	changing its	registered
office or to	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	st Florida. Such change wa	s aumonze	a av me comoranc	on's poard of directors, I hereby acce	ргине аррон	iunem as reg	Jistered (
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (N	OTE: Registered	Agent signature required	d when reinstating	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 T	TLE			☐ Change	☐ Addition
NAME	SCHWENK, MICHAEL J.		1,2 N	AME		•		ļ
STREET ADDRESS	15170 79TH TERR N.		1.3 S	TREET ADORESS				1
CITY-ST-ZIP	PALM BEACH GRONS FL			rty-st-zip				}
TITLE	D	XXDELETE					Change	☐ Addition
NAME	SWEET, STEVEN		2.2 N	AME)				
	6621 CLIFF AVENUE			TREET ADDRESS		-	• • •	
STREET ADORESS	LONGBRANCH WA			CITY-ST-ZIP				-
CITY-ST-ZIP TITLE	DT	DELETE					Change	Addition
	~ .		3.2 N	1				1
NAME	GIESER, DONALD		9	TREET ADDRESS				1
STREET ADDRESS	9870 SE LITTLE CLUB WAY		1	CITY-ST-ZIP				Ì
CITY-ST-ZIP	TEQUESTA FL	☐ DELETE					Change	Addition
TITLE	DS NORTH	- Octeve	T T	VAME				-
NAME	GIESER, NORENE		1	ł				}
STREET ADDRESS			1	TREET ADDRESS				
CITY-ST-ZIP	TEQUESTA FL	[] DELETE		TTY-ST-ZIP			Change	Addition
TITLE	D CALER	ريا محدداد		IAME				-
NAME	LUCIEN, CALEB			TREET ADDRESS				Ì
STREET ADDRESS	PO BOX 15665 NA			CITY-ST-ZIP	,			
CITY-ST-ZIP	WEST PALM BCH FL	☐ DELETE					☐ Change	Addition
TITLE	D	☐ OFCE LE		IAME				
NAME	SCORZA, DEBRA A			ì				{
STREET ADDRESS				TREET ADDRESS			,	1
CITY-ST-ZIP	W PALM BCH FL 33405		6.4 0	ITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 opport an attachment with an address, with all other like empowered.

RE DONALD ERGIESER, Treasurer 2/8/99 561 746 3853