## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # N18045 1. Entity Name HOSEAN INTERNATIONAL MINISTRIES, INC. 02-13-2001 90062 032 \*\*\*\*70.00 Mailing Address Principal Place of Business % DONALD E. GIESER % DONALD E. GIESER P. O. 80X 1552 P. O. BOX 1552 JUPITER FL 33468-8552 JUPITER FL 33468-8552 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-1426078 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GIESER, DONALD E. 9870 SE LITTLE CLUB WAY, NO. **TEQUESTA FL 33469** Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Channe TITLE TITLE Delete D SCHWENK, MICHAEL J. NAME NAME BURNETT, TERRY STREET ADDRESS 8 STREET ADDRESS 15170 79TH TERR N. 7 Pebble Beach CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GRDNS FL Little Rock, ☐ Change ☐ Addition DT ☐ Delete TITLE TITLE ÖGDEN, REV. RUSSELL 7160-Larkshall-Rd-NAME GIESER, DONALD NAME STREET ADDRESS STREET ADDRESS 9870 SE LITTLE CLUB WAY 46250 Indianapolis, IN CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE HENDRICK, KEVIN 13865 Bethany Oaks Pointe Alpharetta, GA 30004 NAME GIESER, NORENE NAME STREET ADDRESS 9870 SE LITTLE CLUB WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL ☐ Addition Delete TITLE Change TITLE NAME LUCIEN, CALEB NAME STREET ADDRESS STREET ADDRESS PO BOX 15665 NA CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL **X** Delete TITLE Change ☐ Addition TITLE SCORZA, DEBRA A NAME NAME STREET ADDRESS STREET ADDRESS 3915 S FLAGLER DR #303 CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33405 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

WALD E. GIESER FEB 7 2001 561-746-3853 SIGNATURE:

12. 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 report or supplemental 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 10 or Block 11 if

changed, or on an attachment