2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # N18045** 1. Entity Name HOSEAN INTERNATIONAL MINISTRIES, INC. 03-07-2002 90002 028 ****70.00 Principal Place of Business Mailing Address % DONALD E. GIESER % DONALD E. GIESER P. O. BOX 1552 P. O. BOX 1552 JUPITER FL 33468-8552 JUPITER FL 33468-8552 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1426078 Not Applicable Country Country **\$8.75** Additional . . . 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 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) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 1Ū. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CR2E037 (9/01) TITLE ☐ Delete TITLE XX Addition Channe D **BURNETT, TERRY** NAME NAME COHRS, KATHERINE 14766 MAIDEN COURT STREET ADDRESS 187 PEBBLE BEACH STREET ADDRESS CITY-ST-ZIP LITTLE ROCK AR 72212 CITY-ST-ZIP DALLAS, TX 75254 DT TITLE TITLE ☐ Delete Change XX Addition D GIESER, DONALD NAME NAME BURNETT, VICKI STREET ADDRESS 9870 SE LITTLE CLUB WAY STREET ADDRESS 187. PEBBLE BEACH TEQUESTA FL CITY-ST-ZIP CITY-ST-ZIP-LITTLE ROCK, AR 72212 TITLE ☐ Delete TITLE Change ☐ Addition GIESER, NORENE NAME NAME STREET ADDRESS 9870 SE LITTLE CLUB WAY STREET ADDRESS CITY-ST-7IP TEQUESTA FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUCIEN, CALEB NAME NAME PO BOX 15665 NA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL CITY-ST-ZIP ☐ Delete Change ☐ Addition OGDEN, REV RUSSELL NAME NAME STREET ADDRESS 7160 LARKSHALL RD STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46250 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HENDRICK, KEVIN NAME 13865 BETHANY OAKS POINTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30004 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 as suppliemental 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 10 or Block 11 if

address, with all other like empowered.

changed, or on an

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