

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90068 041 *****61.25

DOCUMENT # N18045	
1. Entity Name HOSEAN INTERNATIONAL MINISTRIES, INC.	



Principal Place of Business % DONALD E. GIESER 9870 SE LITTLE CLUB WAY N. TEQUESTA, FL 33469	Mailing Address 10816 EXECUTIVE CENTER DR CONWAY BLDG - SUITE 203 LITTLE ROCK, AR 72211
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24000410



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number 52-1426078		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIESER, DONALD E. 9870 SE LITTLE CLUB WAY, NO. TEQUESTA, FL 33469		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, TERRY 15 CHENAL CIR LITTLE ROCK, AR 72223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIESER, DONALD 9870 SE LITTLE CLUB WAY TEQUESTA, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelson, Ron 908 St. Michaels Pl Little Rock, AR 72211 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIESER, NORENE 9870 SE LITTLE CLUB WAY N. TEQUESTA, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eckerd, Rich 14310 Cottontail Lane Alexander, AR 72002 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIEN, CALEB PO BOX 15665 NA WEST PALM BCH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lucien, Caleb (MEI-HIM) P.O. Box 24638 West Palm Beach, FL 33416 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, REV RUSSELL 7160 LARKSHALL RD INDIANAPOLIS, IN, 46250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cohrs, Katherine 14766 Maiden Ct. Dallas, TX 75254 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICK, KEVIN 13865 BETHANY OAKS POINTE ALPHARETTA, GA 30004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Reggie 1500 Spinks Rd. Flower Mound, TX 75028 ☐ Change ☒ Addition

12. 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 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 with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/6/04 **Date** (501) 255-1610 **Daytime Phone #**