

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90237 009 ****61.25

DOCUMENT # N01000007020

1. Entity Name

LES HIENER MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 37467

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 37467

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3749635

Applied For

Not Applicable

Zip

32236

Country

USA

Zip

32236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HIENER, LES

Street Address (P.O. Box Number is Not Acceptable)

839 REYNOLDS LANE

City

JACKSONVILLE

FL

Zip Code

32254

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HIENER, LES 839 REYNOLDS LANE JACKSONVILLE, FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HIENER, ELSTIE L. 839 REYNOLDS LANE JACKSONVILLE, FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, HAROLD DR. 6968 SENECA AVENUE JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, RODNEY DR. 6038 SUDBURY AVENUE JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, WATSON DR. 7547 IMPALA LANE JACKSONVILLE, FL 32214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Les Hiener

Les Hiener, President

4-30-02

904-

387-1570

CR2E037B (12/01)