

**2007 NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # N01000007020

1. Entity Name
LES HIENER MINISTRIES, INC.



Principal Place of Business
P.O. BOX 37467
JACKSONVILLE, FL 32236

Mailing Address
P.O. BOX 37467
JACKSONVILLE, FL 32236



08232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3749635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIENER, LES
839 REYNOLDS LANE
JACKSONVILLE, FL 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. 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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000773192
09/05/07-80001-006 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HIENER, LES
839 REYNOLDS LANE
JACKSONVILLE, FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HIENER, ELSIE L
839 REYNOLDS LANE
JACKSONVILLE, FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUDSON, HAROLD DR.
6968 SENECA AVENUE
JACKSONVILLE, FL 32210

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ✓ LESLIE L. HIENER Leslie L. Hiener 8-30-07 904-566-3518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #