

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007020

FILED
May 04, 2008
Secretary of State

Entity Name: LES HIENER MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 37467
JACKSONVILLE, FL 32236

New Principal Place of Business:

839 REYNOLDS LANE
JACKSONVILLE, FL 32254

Current Mailing Address:

P.O. BOX 37467
JACKSONVILLE, FL 32236

New Mailing Address:

839 REYNOLDS LANE
JACKSONVILLE, FL 32254

FEI Number: 59-3749635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIENER, LES
839 REYNOLDS LANE
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HIENER, LES
Address: 839 REYNOLDS LANE
City-St-Zip: JACKSONVILLE, FL 32254

Title: VSD () Delete
Name: HIENER, ELSIE L
Address: 839 REYNOLDS LANE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: HUDSON, HAROLD DR.
Address: 6968 SENECA AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: KEITH, RODNEY DR.
Address: 6038 SUDBURY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LES HIENER

MR

05/04/2008

Electronic Signature of Signing Officer or Director

Date