2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100007020

1. Entity Name

LES HIENER MINISTRIES, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90134 009 ****61.25

2. Principal Pace of Business 3. Mailing Address Suite, Act 4, etc. Suite, Act 4, etc. Check Here is MAKING CHANGES City & States Check Here is MAKING CHANGES Actional for the purpose of Country Suite Suite, Act 4, etc. Check Here is MAKING CHANGES Actional for the purpose of Country Suite Suite, Act 4, etc. Check Here is MAKING CHANGES Actional for the purpose of Country Suite Suite, Act 4, etc. Check Here is MAKING CHANGES Note Application Suite, Act 4, etc. Suite Suite, Act 4, etc. Check Here is MAKING CHANGES Note Application Suite, Act 4, etc. Check Here is MAKING CHANGES Note Application Suite, Act 4, etc. Check Here is MAKING CHANGES Note Application Suite, Act 4, etc. Check Here is MAKING CHANGES Note Application Suite, Act 4, etc. Check Here is MAKING CHANGES Note Application Note Suite Application Suite, Act 4, etc. Check Here is MAKING CHANGES Note Application Note Suite Appli	Principal Place P.O. BOX 3746 JACKSONVILLE		Mailing Address P.O. BOX 37467 JACKSONVILLE FL 32236							
City & State Ci	2. Principal Place of Business		3. Mailing Address							
Signature Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & State		City & State		4. FEI Number 59-3749635 Applied For Not Applicable					
HIENER, LES 839 RETYNOLDS LANE JACKSONVILLE FL 32254 City FL Zip Code City FL Zip	Zip	Zip Country Zip		o Country		5. Certificate of Status Desired				
HIENER, LES 839 RETYNOLDS LANE JACKSONVILLE FL 32254 City FL Zip Code 6. 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 FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution.		6. Name and Address of Current	Registered Agent			7. Name and Addr	ress of New Registered Aç	jent		
839 REYNOLDS LANE JACKSONVILE FL 32254 City					ame					
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 Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust: Fund Contribution. DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing State and the representation of State Fioridal Department of State Fioridal Department of State Fioridal Department of State Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office Office Added to Fees Payable to Fioridal Department of State Office				Street Address			(P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, period or printed name of registered agent and stock of applicable. (NOTE Registered Agent algesture required when remaining) DATE	JACKSON	IVILLE FL 32254								
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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: Lalin LAGE QUIREZES/15 L. HISNE

CR2E037 (10/02)