

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

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90203 022 \*\*\*\*61.25

DOCUMENT # N02000001867

1. Entity Name

HESSED MINISTRIES, INC.



Principal Place of Business

Mailing Address

805 HIGHLAND CT  
MT DORA FL 32757

805 HIGHLAND CT  
MT DORA FL 32757

35047842

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

MOSS, JAMES H SR.  
805 HIGHLAND CT  
MT DORA FL 32757

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME MOSS, JAMES H SR. **D**  
STREET ADDRESS 805 HIGHLAND CT  
CITY-ST-ZIP MT DORA FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME THENGUELAYIL, SAMUEL G  
STREET ADDRESS 85-B K.G.BUNGALOW, 2 FLR,OPP SAM SCHOOL  
CITY-ST-ZIP COIMBATORE 641 028 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME RIDINGS, HOWARD **D**  
STREET ADDRESS 600 RINEHART RD  
CITY-ST-ZIP LAKE MARY FL 32748 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME MOSS, DEBORAH P  
STREET ADDRESS 805 HIGHLAND CT  
CITY-ST-ZIP MT DORA FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME EVANS, ANN PASTOR **D**  
STREET ADDRESS PO BOX 5887  
CITY-ST-ZIP Ocala FL 34478-5887 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03

Date

352-735-6933

Daytime Phone #

CH2E037 (10/02)