

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90216 005 \*\*\*\*61.25

DOCUMENT # N02000005881

1. Entity Name

MOSE HAGEN MINISTRIES, INC.



Principal Place of Business

P.O. BOX 560203  
ORLANDO FL 32856-0203

Mailing Address

2704 GULFSTREAM RD  
ORLANDO FL 32805

2. Principal Place of Business

430 S. Parramore Ave.  
Suite, Apt. #, etc.

3. Mailing Address

2704 Gulfstream Rd.  
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Orlando Fla.

City & State

Orlando Fla.

4. FEI Number

51-0485966

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGEN, MOSE  
2704 GULFSTREAM RD  
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name Mose Hagens

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

2704 Gulfstream Rd

City Orlando Fla.

FL

Zip Code

32805

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

Mose Hagens

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-18-05

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

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

TITLE P  
NAME HAGENS, MOSE  
STREET ADDRESS 2704 GULFSTREAM RD  
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE V  
NAME HAGENS, JERALDINE  
STREET ADDRESS 2704 GULFSTREAM RD  
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE S  
NAME BAXTER, CAROLINE  
STREET ADDRESS 6765 POMEROY CIR  
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE T  
NAME WALLACE, LUEVENIA  
STREET ADDRESS 1635 AARON AVE  
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE C  
NAME DUPREE, ANNIE  
STREET ADDRESS 809 AVONDALE AVE APT 9  
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mose Hagens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Date

407) 649-7962

Daytime Phone #