

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005881

1. Entity Name

MOSE HAGEN MINISTRIES, INC.



Principal Place of Business

430 S PARRAMORE AVE
ORLANDO FL 32805

Mailing Address

2704 GULFSTREAM RD
ORLANDO FL 32805



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

HAGEN, MOSE
2704 GULFSTREAM RD
ORLANDO FL 32805

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 is required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000930316
CITY-ST-ZIP 05/21/08-80104-006 61.25

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mose L. Hagen

4/25/08 407855-4730