



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90172 008 \*\*\*\*70.00

<b>DOCUMENT # N18045</b> 1. Entity Name HOSEAN INTERNATIONAL MINISTRIES, INC.					
Principal Place of Business % DONALD E. GIESER 9870 SE LITTLE CLUB WAY N. TEQUESTA, FL 33469			Mailing Address 10816 EXECUTIVE CENTER DR CONWAY BLDG - SUITE 203 LITTLE ROCK, AR 72211		
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 <b>52-1426078</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIESER, DONALD E. 9870 SE LITTLE CLUB WAY, NO. TEQUESTA, FL 33469			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNETT, TERRY		NAME		
STREET ADDRESS	15 CHENAL CIR		STREET ADDRESS		
CITY - ST - ZIP	LITTLE ROCK, AR 72223		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESER, DONALD		NAME		
STREET ADDRESS	9870 SE LITTLE CLUB WAY		STREET ADDRESS		
CITY - ST - ZIP	TEQUESTA, FL 33469		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESER, NORENE		NAME		
STREET ADDRESS	9870 SE LITTLE CLUB WAY N.		STREET ADDRESS		
CITY - ST - ZIP	TEQUESTA, FL 33469		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCIEN, CALEB		NAME		
STREET ADDRESS	PO BOX 24638		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33416		CITY - ST - ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, RON		NAME		
STREET ADDRESS	908 ST. MICHAELS PL		STREET ADDRESS	3 Regal	
CITY - ST - ZIP	LITTLE ROCK, AR 72211		CITY - ST - ZIP	Maumelle, AR 72113	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKERD, RICH		NAME		
STREET ADDRESS	14310 COTTONTAIL LANE		STREET ADDRESS	19 Bangor Ct.	
CITY - ST - ZIP	ALEXANDER, AR 72002		CITY - ST - ZIP	Little Rock, AR 72223	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			Terry Burnett		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/9/06 (501) 255-1610 <small>Date Daytime Phone #</small>		

40901193



01092006 Chg-NP CR2E037 (11/05)