2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18045

FILED Jan 05, 2009 Secretary of State

Entity Name: HOSEAN INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: % DONALD E. GIESER 9870 SE LITTLE CLUB WAY N. TEQUESTA, FL 33469 **New Mailing Address: Current Mailing Address:** PO BOX 17668 LITTLE ROCK, AR 7222-668 FEI Number: 52-1426078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIESER, DONALD E 9870 SE LITTLE CLUB WAY, NO. TEQUESTA, FL 33469 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NELSON, STARR BURNETT, TRACY Name: Name: PO BOX 15773 Address: 8100 CANTRELL RD APT 204 Address: LITTLE ROCK, AR 72231 City-St-Zip: City-St-Zip: LITTLE ROCK, AR 72227 Title: () Delete Title: () Change () Addition GIESER, DONALD, Name: Name: Address: 9870 SE LITTLE CLUB WAY Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, REGGIE Name: Name: 1500 SPINKS RD Address: Address: City-St-Zip: FLOWER MOUND, TX 75028 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LUCIEN, CALEB Name: 3170 AIRMANS DR UNIT 1076 Address: Address: City-St-Zip: FORT PIERCE, FL 34946 City-St-Zip: Title: () Delete Title: (X) Change () Addition NELSON, RON NELSON, RON Name: Name: 1808 W CAMP WISDOM Address: 3 REGAL Address: City-St-Zip: MAUMELLE, AR 72113 City-St-Zip: DALLAS, TX 75232 Title: () Delete Title: () Change (X) Addition FRANTSVOG, KIRSTEN Name: Name: Address: Address: 3165 17TH ST #C FARGO, ND 58103 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY BURNETT D 01/05/2009