

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007436

1. Entity Name

HOSEA HEALING MINISTRIES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90098 043 \*\*\*\*61.25

Principal Place of Business

5228 LAKE OSBORNE DRIVE  
LAKE WORTH FL 33461

Mailing Address

5228 LAKE OSBORNE DRIVE  
LAKE WORTH FL 33461

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

65-0968771

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

JAMES, GWENDOLYN  
5228 LAKE OSBORNE DRIVE  
LAKE WORTH FL 33461

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME JAMES, GWENDOLYN  
STREET ADDRESS 5228 LAKE OSBORNE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE D ☐ Change ☒ Addition  
NAME DAVIS, Charles  
STREET ADDRESS 136 Lucinda Dr.  
CITY-ST-ZIP Hypoluxo Point, FL 33462

TITLE VD ☐ Delete  
NAME BREMER, DONALD  
STREET ADDRESS 9 SALEM CHURCH ROAD  
CITY-ST-ZIP WEAVERVILLE NC 28787

TITLE D ☐ Change ☒ Addition  
NAME DAVIS, Linda  
STREET ADDRESS 136 Lucinda Dr.  
CITY-ST-ZIP Hypoluxo Point, FL 33462

TITLE SD ☐ Delete  
NAME WELLS, JOSEPH  
STREET ADDRESS 5521 EAGLE LAKE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE TD ☐ Delete  
NAME PIPPING, CARRIE  
STREET ADDRESS 5228 LAKE OSBORNE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33461

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

TITLE D ☐ Delete  
NAME WELLS, CAROL  
STREET ADDRESS 5521 EAGLE LAKE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE D ☐ Delete  
NAME BREMER, LINDA  
STREET ADDRESS 9 SALEM CHURCH ROAD  
CITY-ST-ZIP WEAVERVILLE NC 28787

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 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: Gwendolyn James **SIGNATURE REQUIRED** JAMES 02-21-00 (561) 585-4968  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)