

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90232 046 *****61.25

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DOCUMENT # N99000007436

1. Entity Name

HOSEA HEALING MINISTRIES, INC.

Principal Place of Business

Mailing Address

**5228 LAKE OSBORNE DRIVE
LAKE WORTH FL 33461****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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	JAMES, GWENDOLYN	5228 LAKE OSBORNE DRIVE	LAKE WORTH FL 33461				
VD	BREMER, DONALD	9 SALEM CHURCH ROAD	WEAVERVILLE NC 28787	VD	Bremer, Donald	1414 Magnolia ST.	New Smyrna, FL 32169
SD	WELLS, JOSEPH	5521 EAGLE LAKE DRIVE	PALM BEACH GARDENS FL 33418				
TD	PIPPING, CARRIE	5228 LAKE OSBORNE DRIVE	LAKE WORTH FL 33461				
D	WELLS, CAROL	5521 EAGLE LAKE DRIVE	PALM BEACH GARDENS FL 33418				
D	BREMER, LINDA	9 SALEM CHURCH ROAD	WEAVERVILLE NC 28787				

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 - Gwendolyn James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-01 (561) 585-4968

Daytime Phone #

CR2E037 (10/00)