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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006109 (9)**

1. Corporation Name

**YESHUA MEDICAL MINISTRIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 50366  
JACKSONVILLE FL 32240-0366

P.O. BOX 50366  
JACKSONVILLE FL 32240-0366

3. Date Incorporated or Qualified

**11/19/1997**

4. FEI Number

**54-1843999**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **13141 CHETS CREEK DR. N.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**JACKSONVILLE, FL**

28 City & State

**JACKSONVILLE BEACH, FL**

24 Zip

**32224**

Country

29 Zip

**32224**

Country

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHOON, CHARLES T**  
**13141 CHETS CREEK DR., N.**  
**JACKSONVILLE FL 32224**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4044 JEBB ISLAND CIRCLE W.**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PCD**  
STREET ADDRESS **WILLIAMS, PAUL R**  
CITY-ST-ZIP **13141 CHETS CREEK DR., N.**  
**JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **ST**  
STREET ADDRESS **COHOON, CHARLES T**  
CITY-ST-ZIP **59 TIFTON WAY N.**  
**PONTE VEDRA BEACH FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **JOHNSON, RONALD**  
CITY-ST-ZIP **1705 TODOS LANE**  
**HAMPTON VA**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **ELEJOT, DOLLY**  
CITY-ST-ZIP **4301 PIAZZA CIRCLE**  
**FT WAYNE IN**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Charles T Cohoon*

*4/21/98*

*(904) 992-2319*

CR2E037 (1097)