

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006109

1. Entity Name

YESHUA MEDICAL MINISTRIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90120 024 ****61.25

Principal Place of Business

Mailing Address

13141 CHETS CREEK DRIVE NORTH
JACKSONVILLE FL 32224
US

P.O. BOX 50366
JACKSONVILLE BEACH FL 32268-1180
US

REFER MAIL BE SENT
SATELLITE OFFICE IN FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

167 HART RD

2701 HODGES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DISGAH FOREST, NC

City & State

JACKSONVILLE, FL

Zip

28768

Country

USA

Zip

32224

Country

USA

4. FEI Number

54-1843999

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

COHOON, CHARLES T
4044 JEBB ISLAND CIRCLE WEST
JACKSONVILLE FL 32224

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

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 167 HART ROAD
CITY-ST-ZIP DISGAH FOREST, NC 28768

TITLE NAME ST
COHOON, CHARLES T ☐ Delete
STREET ADDRESS 4044 JEBB ISLAND CIRCLE W
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE NAME D
JOHNSON, RONALD ☐ Delete
STREET ADDRESS 1705 TODDS LANE
CITY-ST-ZIP HAMPTON VA

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

TITLE NAME D
ELEIOT, DOLLY ☐ Delete
STREET ADDRESS 4301 PIAZZA CIRCLE
CITY-ST-ZIP FT WAYNE IN

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

TITLE NAME D
LOGAN, ANNE S ☐ Delete
STREET ADDRESS 983 STONE'S LAKE RD
CITY-ST-ZIP CEDAR MOUNTAIN 28718

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Paul R. Williams PRESIDENT PAUL R. WILLIAMS, 5-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)