

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000006109

1. Corporation Name

YESHUA MEDICAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

13141 CHETS CREEK DRIVE NORTH  
JACKSONVILLE FL 32224  
US

P.O. BOX 3698  
PONTE VEDRA BEACH FL 32004-0366  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

272 SOLANA RD

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

Zip

32082

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1997

5. FEI Number

54-1843999

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	WILLIAMS, PAUL R	<del>10141 CHETS CREEK DR., N.</del>	<del>JACKSONVILLE FL</del>
ST	COHOON, CHARLES T	4044 JEBB ISLAND CIRCLE W	JACKSONVILLE FL 32224
D	JOHNSON, RONALD	1705 TODDS LANE	HAMPTON VA
<del>D</del>	<del>ELEIOT, DOLLY</del>	<del>4301 PIAZZA CIRCLE</del>	<del>FT WAYNE IN</del>
D	LOGAN, ANNE S	983 STONE'S LAKE RD	CEDAR MOUNTAIN 28718
SEE ORIGINAL DOCUMENT SENT WITH CHANGES			

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

400004704574--1

Suite, Apt. #, Etc.

-12/04/01--01063--011

\*\*\*\*245.00 \*\*\*\*245.00

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Charles T. Cohoon

REGISTERED AGENT MUST SIGN

Date 11/9/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul R. Williams PAUL R. WILLIAMS

11-9-01

904-285-1975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006109

1. Entity Name

YESHUA MEDICAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

13141 CHETS CREEK DRIVE NORTH  
JACKSONVILLE FL 32224  
US

P.O. BOX 3698  
PONTE VEDRA BEACH FL 32004-0366  
US

2. Principal Place of Business

3. Mailing Address

272 SOLANA ROAD

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PONTE VEDRA BEACH, FL

Zip

Country

Zip

Country

32082

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  
After September 12, 2001, min. will be \$236.25

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	PCD WILLIAMS, PAUL R 13141 CHETS CREEK DR., N. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COHOON, CHARLES T 4044 JEBB ISLAND CIRCLE W JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RONALD 1705 TODDS LANE HAMPTON VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEIOT, DOLLY 4301 PIAZZA CIRCLE FT WAYNE IN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, ANNE S 983 STONE'S LAKE RD CEDAR MOUNTAIN 28718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
167 HART ROAD PISGAH FOREST, NC 28468	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D GARRY WIGGINS 5755 RAMONA BLVD JACKSONVILLE, FL 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D BRIAN GARRETT 4600 TOUCHTON RD., BLDG. 100 STE 150 JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D PAUL L. CUNY 35 RAMONA ST PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *Charles T. Cohoon* REGISTERED AGENT 10-4-01 OR 904 785 1675

202

0000195



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

R. VARNADORE NOV 30 2001