

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006109

FILED
Jul 09, 2008
Secretary of State

Entity Name: YESHUA MEDICAL MINISTRIES, INC.

Current Principal Place of Business:

936 BARCARMIL WAY
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

936 BARCARMIL WAY
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 54-1843999 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIZZI, GABRIEL
936 BARCARMIL WAY
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WILLIAMS, PAUL R
Address: 167 HART ROAD
City-St-Zip: PISGAHFOREST, NC 28768

Title: S () Delete
Name: RIZZI, GABRIEL
Address: 936 BARCARMIL WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: FUSCO, ARTHUR
Address: 252 MOORING LANE
City-St-Zip: LEXINGTON, SC 29072

Title: D () Delete
Name: FUSCO, JUNE
Address: 252 MOORING LANE
City-St-Zip: LEXINGTON, SC 29072

Title: D () Delete
Name: DESMOND, TIMOTHY
Address: 8 QUINN DRIVE
City-St-Zip: BREVARD, NC 28712

Title: D () Delete
Name: ELEIOTT, DOLLY
Address: 4307 PIAZZA CIRCLE
City-St-Zip: FORT WAYNE, IN 46804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R. WILLIAMS

PCD

07/09/2008

Electronic Signature of Signing Officer or Director

Date