

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006109

FILED  
Jun 16, 2010  
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)**

**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  
**Name:** WILLIAMS, PAUL R  
**Address:** 254 VALLEY VIEW VISTA DRIVE  
**City-St-Zip:** PISGAH FOREST, NC 28768

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

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

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

**Title:** D  
**Name:** DESMOND, TIMOTHY  
**Address:** 91 QUINN DRIVE  
**City-St-Zip:** BREVARD, NC 28712

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

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL R. WILLIAMS

PCD

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date