

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000006109

FILED
Apr 29, 2003
Secretary of State

Entity Name: YESHUA MEDICAL MINISTRIES, INC.

Current Principal Place of Business:

272 SOLANA RD
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3698
PONTE VEDRA BEACH, FL 320040366 US

New Mailing Address:

FEI Number: 54-1843999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHOON, CHARLES T
4044 JEBB ISLAND CIRCLE WEST
JACKSONVILLE, FL 32224 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: ST () Delete
Name: COHOON, CHARLES T
Address: 4044 JEBB ISLAND CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: JOHNSON, RONALD
Address: 1705 TODDS LANE
City-St-Zip: HAMPTON, VA

Title: D () Delete
Name: WIGGINS, GARRY
Address: 5755 RAMONA BLVD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: LOGAN, ANNE S
Address: 983 STONE'S LAKE RD
City-St-Zip: CEDAR MOUNTAIN, 28718

Title: D () Delete
Name: GARRETT, BRIAN
Address: 4600 TOUCHTON RD BLDG 100 STE150
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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 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

04/29/2003

Electronic Signature of Signing Officer or Director

Date

PAUL L. CUNY, DIRECTOR
35 RAMONA ST
PONTE VEDRA
FL 32082