

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008069

FILED
Apr 16, 2005
Secretary of State

Entity Name: YESHUA CHRISTIAN CHARITY, INC.

Current Principal Place of Business:

5051 CASTELLO DRIVE, SUITE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5051 CASTELLO DRIVE, SUITE 206
NAPLES, FL 34103

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

US REGISTERED AGENT, INC.
1415 PANTHER LANE, SUITE 121
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108 US

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: AARON A. FARMER

04/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NAVARRA, DENNIS J
Address: 5051 CASTELLO DRIVE, SUITE 206
City-St-Zip: NAPLES, FL 34103

Title: DS () Delete
Name: FARMER, AARON A ESQ.
Address: 1415 PANTHER LANE, SUITE 121
City-St-Zip: NAPLES, FL 34109

Title: DT () Delete
Name: FAIRCHILD, MARIE D CPA
Address: 46 EUCLID AVENUE, STE. 200
City-St-Zip: HADDONFIELD, NJ 08033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: FARMER, AARON A ESQ.
Address: 5811 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

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: AARON A. FARMER

DS

04/16/2005

Electronic Signature of Signing Officer or Director

Date