

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009126

Entity Name: YESHA MINISTRIES, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1207 21ST STREET NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1207 21ST STREET NORTH
JACKSONVILLE BEACH, FL 32250

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:

COKER, CHARLES W
1207 21ST STREET NORTH
JACKSONVILLE BEACH, FL 32250 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: D () Delete
Name: COKER, CHARLES W
Address: 1207 21ST STREET NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32044

Title: D () Delete
Name: JENKINS, DANIEL E
Address: 8760 BARCO LANE
City-St-Zip: JACKSONVILLE, FL 32044

Title: D () Delete
Name: PETERSEN, RICHARD DR
Address: 623 39TH ST W STE #2
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: SADUSKI, MARK S
Address: 17743 WEST BEAVER ST.
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: WOLFEL, JOHN
Address: 435 INLAND WAY
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: BURNSED, JEFFRY DR
Address: 2967 HUFFMAN BLVD.
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:

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

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

Title: () Change () Addition
Name:
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 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: CHARLES W. COKER

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date