## 2006-NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 04, 2006 8:00 am Secretary of State DOCUMENT # N99000007283 1. Entity Name 05-04-2006 90215 048 \*\*\*\*61.25 OHR YESHUA MINISTRIES, INC. Principal Place of Business Mailing Address 11828 HOLLYHOCK DRIVE BRADENTON FL 34202-2038 11828 HOLLYHOCK DRIVE BRADENTON FL 34202-2038 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Apt # etc 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0967634 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERESFORD, GARY Street Address (P.O. Box Number is Not Acceptable) 11828 HOLLYHOCK DRIVE **BRADENTON FL 34202-2038** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE 50 Delete Change ☐ Addition BERESFORD, GARY NAME NAME BARRY RUDOLF 11828 HOLLYHOCK DRIVE STREET ADDRESS STREET ADDRESS 18 NORTH STATE ST., NEW TOWN PA 18940 **BRADENTON FL 34202-2038** CITY-ST-ZIP CITY-ST-7IP VTD ☐ Delete TITLE TITLE ☐ Change Addition BERESFORD, SHIRLEY NAME 11828 HOLLYHOCK DRIVE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202-2038** CITY-ST-7IP CITY-S1-ZIP SD TITLE Delete. TITLE ☐ Change Addition MILLER, DANIEL NAME NAME STREET ADDRESS 4820 S. COLLEGE AVENUE STREET ADDRESS CITY-ST-ZIP FT. COLLINS CO 80525 CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STEPAKOFF, MICHAEL NAME STREET ADDRESS 7520 WEST WATERS AVENUE STE 5 STREET ADDRESS COTY-ST-7IP TAMPA FL 33615 CITY-ST-ZIP TITLE Defete TITLE Change Change ☐ Addition BOGASH, STEVEN NAME NAME 2356 BRIDGE HOLLOW RD STREET ADDRESS STREET ADDRESS SCOTTSVILLE KY 42164 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachpent of the report of the corporation of the receiver or trustee empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

GAR-1 PERESTOR

4/18/16

**FILED**