

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007283

FILED
Jan 23, 2008
Secretary of State

Entity Name: OHR YESHUA MINISTRIES, INC.

Current Principal Place of Business:

11828 HOLLYHOCK DRIVE
BRADENTON, FL 342022038

New Principal Place of Business:

Current Mailing Address:

11828 HOLLYHOCK DRIVE
BRADENTON, FL 342022038

New Mailing Address:

FEI Number: 65-0967634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERESFORD, GARY
11828 HOLLYHOCK DRIVE
BRADENTON, FL 342022038 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: PD () Delete
Name: BERESFORD, GARY
Address: 11828 HOLLYHOCK DRIVE
City-St-Zip: BRADENTON, FL 342022038

Title: VTD () Delete
Name: BERESFORD, SHIRLEY
Address: 11828 HOLLYHOCK DRIVE
City-St-Zip: BRADENTON, FL 342022038

Title: D () Delete
Name: STEPAKOFF, MICHAEL
Address: 7520 WEST WATERS AVENUE STE 5
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: RUDOLF, BARRY
Address: 18 NORTH STATE ST
City-St-Zip: NEWTOWN, PA 18940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERESFORD, GARY RABBI
Address: 11828 HOLLYHOCK DRIVE
City-St-Zip: BRADENTON, FL 342022038

Title: () Change () Addition
Name:
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 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: GARY BERESFORD

PD

01/23/2008

Electronic Signature of Signing Officer or Director

Date