

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006109

Entity Name: YESHUA MEDICAL MINISTRIES, INC.**Current Principal Place of Business:**936 BARCARMIL WAY
NAPLES, FL 34110**Current Mailing Address:**936 BARCARMIL WAY
NAPLES, FL 34110 US**FEI Number: 54-1843999****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RIZZI, GABRIEL
936 BARCARMIL WAY
NAPLES, FL 34110 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCD
Name	WILLIAMS, PAUL R
Address	254 VALLEY VIEW VISTA DRIVE
City-State-Zip:	PISGAH FOREST NC 28768

Title	D
Name	FUSCO, ARTHUR
Address	225 VISTA SPRINGS CIRCLE
City-State-Zip:	LEXINGTON SC 29073

Title	D
Name	DESMOND, TIMOTHY
Address	91 QUINN DRIVE
City-State-Zip:	BREVARD NC 28712

Title	S
Name	RIZZI, GABRIEL
Address	936 BARCARMIL WAY
City-State-Zip:	NAPLES FL 34110

Title	D
Name	FUSCO, JUNE
Address	225 VISTA SPRINGS CIRCLE
City-State-Zip:	LEXINGTON SC 29073

Title	D
Name	ELEIOTT, DOLLY
Address	5415 69TH AVE N APT 233
City-State-Zip:	BROOKLYN CENTER MN 55429

I hereby 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 all other like empowered.

SIGNATURE: PAUL R WILLIAMS**PCD****01/16/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date