

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005838

FILED
Jan 07, 2008
Secretary of State

Entity Name: NEHEMIAH CORPORATION OF AMERICA

Current Principal Place of Business:

424 NORTH 7TH ST.
SACRAMENTO, CA 95814

New Principal Place of Business:

Current Mailing Address:

424 NORTH 7TH ST.
SACRAMENTO, CA 95814

New Mailing Address:

FEI Number: 91-1775619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SYPHAX, SCOTT C
Address: 424 NORTH 7TH STREET, SUITE 250
City-St-Zip: SACRAMENTO, CA 95814

Title: CD () Delete
Name: LEE, LAWRENCE
Address: 2330 ALHAMBRA BLVD.
City-St-Zip: SACRAMENTO, CA 95817

Title: VCD () Delete
Name: EDWARDS, GREG
Address: 2424 ARDEN WAY, SUITE 360
City-St-Zip: SACRAMENTO, CA 95815

Title: D () Delete
Name: HUGHES, TERESA
Address: 6561 BRETT HARTE COURT
City-St-Zip: CASTRO VALLEY, CA 94552

Title: SD () Delete
Name: STARKS, SAM
Address: 4890 SAINT AUGUSTINE DRIVE
City-St-Zip: ELK GROVE, CA 95758

Title: D () Delete
Name: STAGGERS, FRANK
Address: 6561 BRETT HARTE COURT
City-St-Zip: CASTRO VALLEY, CA 94552

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
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: SCOTT SYPHAX

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date