2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005838

FILED Jan 13, 2009 Secretary of State

Entity Name: NEHEMIAH CORPORATION OF AMERICA

Current Principal Place of Business: 424 NORTH 7TH ST. SACRAMENTO, CA 95814			New Principal PI	New Principal Place of Business: 424 NORTH 7TH ST. STE 250 SACRAMENTO, CA 95811	
			STE 250		
Current Mailing Address:			New Mailing Add	New Mailing Address:	
424 NORTH 7TH ST. SACRAMENTO, CA 95814			424 NORTH 7TH ST. STE 250 SACRAMENTO, CA 95811		
El Number	: 91-1775619	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
I 200 SOU PLANTATI	ORATION SYS TH PINE ISLA ION, FL 33324 named entity	ND ROAD 4 US	urpose of changing its regis	stered office or registered agent, or both,	
n the State	e of Florida.				
SIGNATU		ois Cianatura of Dogistared Ago		Dete	
		nic Signature of Registered Age		Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	SYPHAX, SCO	'H STREET, SUITE 250	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Nddress: Dity-St-Zip:	CD (LEE, LAWREN 2330 ALHAMB SACRAMENTO	RA BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	EDWARDS, GI	VAY, SUITE 360	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	HUGHES, TER 6561 BRETT H		Title: Name: Address: City-St-Zip:	() Change () Addition	
=:	,) Delete	Title: Name:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	STARKS, SAM 4890 SAINT AU ELK GROVE, O	JGUSTINE DRIVE	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 01/13/2009