

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001440

FILED
Apr 07, 2004
Secretary of State

Entity Name: NEHEMIAH EDUCATIONAL AND ECONOMIC DEVELOPMENT, INC.

Current Principal Place of Business:

989 W. KENNEDY BLVD.
103
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P O BOX 941803
MAITLAND, FL 327941803

New Mailing Address:

FEI Number: 59-3639185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNES, WILLIE C
412 E. KENNEDY BOULEVARD
EATONVILLE, FL 32751

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: C () Delete
Name: BROUKS, BYRON
Address: 4727 SPANIEL ST.
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: DENNIS, HELEN
Address: 3424 REGAL CREST
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: BODLEY, KELVIN
Address: 537 WHISKEY CREEK COURT
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: FRANCIS, GREGORIO
Address: 20 N. ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MILLER, ROBERT
Address: 600 S. ORLANDO AVE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HARRISON, ROD
Address: 2100 WILLOW BRICK
City-St-Zip: WINDERMERE, FL 34786

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
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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 for the exemption stated in Section 119.07(3)(i), 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: WILLIE C BARNES

P

04/07/2004

Electronic Signature of Signing Officer or Director

Date