

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90288 050 \*\*\*\*70.00

**DOCUMENT # N00000001440**

1. Entity Name  
**NEHEMIAH EDUCATIONAL AND ECONOMIC  
DEVELOPMENT, INC.**



Principal Place of Business  
**989 W. KENNEDY BLVD.  
103  
ORLANDO, FL 32810**

Mailing Address  
**P O BOX 941803  
MAITLAND, FL 32794-1803**

**14017451**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3639185**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **C BROOKS, BYRON** *Correction and update* ☐ Delete  
STREET ADDRESS **4727 SPANIEL ST.**  
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE  
NAME **C BROOKS, BYRON** ☐ Change ☐ Addition  
STREET ADDRESS **7555 ST STEPHENS COURT**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  
NAME **S DENNIS, HELEN** ☐ Delete  
STREET ADDRESS **3424 REGAL CREST**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE  
NAME **P Willie C Barnes** ☐ Change ☒ Addition  
STREET ADDRESS **7656 ST STEPHENS COURT**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  
NAME **T BODLEY, KELVIN** ☒ Delete  
STREET ADDRESS **537 WHISKEY CREEK COURT**  
CITY-ST-ZIP **OCOE, FL 34761**

TITLE  
NAME **T PATRICIA MITCHELL** ☒ Change ☐ Addition  
STREET ADDRESS **1948 VALLEY CREEK RUN**  
CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE  
NAME **D FRANCIS, GREGORIO** ☐ Delete  
STREET ADDRESS **20 N. ORANGE AVE**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME **D MILLER, ROBERT** ☒ Delete  
STREET ADDRESS **600 S. ORLANDO AVE**  
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME **D HARRISON, ROD** ☐ Delete  
STREET ADDRESS **2100 WILLOW BRICK**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Willie C Barnes Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #