

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90038 001 ****70.00

DOCUMENT # N02000006530

1. Entity Name

NEHEMIAH CHRUCH MINISTRY, INC.



Principal Place of Business

20745 MAXIMUM PARKWAY
ORLANDO FL 32833

Mailing Address

20745 MAXIMUM PARKWAY
ORLANDO FL 32833

54024000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

746 LIVINGSTON WEST
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32805

Country

ORANAGE

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

JONES, OLIVER W
20745 MAXIMUM PARKWAY
ORLANDO FL 32833

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

Oliver Jones

1/26/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, OLIVER W	
STREET ADDRESS	20745 MAXIM PKWY	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, ANN	
STREET ADDRESS	220745 MAXIM PKWY	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE	TT	<input type="checkbox"/> Delete
NAME	RASPASS, WILLIAM	
STREET ADDRESS	20249 MAXIM PKWY	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE	ST	<input type="checkbox"/> Delete
NAME	RASPASS, DESHOW	
STREET ADDRESS	20249 MAXIM PKWY	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE	FS	<input type="checkbox"/> Delete
NAME	SWYGERT, KIM	
STREET ADDRESS	2642 ALBUION AVE.	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JACQUEL CHAPMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADMINISTRATE	
STREET ADDRESS	19628 GLENEM WAY	
CITY-ST-ZIP	ORLANDO, FL 32833	

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:

Oliver Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/04

408 568-5413