

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 037 ****75.00

DOCUMENT # N02000006530

1. Entity Name

NEHEMIAH CHURCH MINISTRY, INC.



Principal Place of Business

746 W. LIVINGSTON STREET
ORLANDO FL 32805

Mailing Address

746 W. LIVINGSTON STREET
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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
746 W. LIVINGSTON STREET
ORLANDO FL 32805

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☐ Delete
NAME JONES, OLIVER W
STREET ADDRESS 20745 MAXIM PKWY
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE VP ☐ Delete
NAME JONES, ANN
STREET ADDRESS 20745 MAXIM PKWY
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE T ☐ Delete
NAME RASPASS, WILLIAM
STREET ADDRESS 20249 MAXIM PKWY
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE T ☐ Delete
NAME RASPASS, DESHOW
STREET ADDRESS 20249 MAXIM PKWY
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE S ☐ Delete
NAME SWYGERT, KIM
STREET ADDRESS 2642 ALBUION AVE.
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE A ☐ Delete
NAME CHAPMEN, JACQUEL
STREET ADDRESS 19628 GLENN ELM WAY
CITY-ST-ZIP ORLANDO FL 32833

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 W. Jones*

3/14/06 407 568-5413