2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State
04-02-2007 90054 012 ****70.00

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DOCUMENT # N02000006530

1. Entity Name

NEHEMIAH CHURCH MINISTRY, INC.

Principal Place of Business	Mailing Address
746 W. LIVINGSTON STREET ORLANDO FL 32805	746 W. LIVINGSTON STREET ORLANDO FL 32805

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 Oliver W. Jones
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, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, OLIVER W 20745 MAXIM PKWY ORLANDO FL 32833	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, ANN 20745 MAXIM PKWY ORLANDO FL 32833	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	T RASPASS, WILLIAM 20249 MAXIM PKWY ORLANDO FL 32833	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	T RASPASS, DESHOW 20249 MAXIM PKWY ORLANDO FL 32833	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NONE NAME STREET ADDRESS CITY-ST-ZIP	S SWYGERT, KIM 2642 ALBUION AVE. ORLANDO FL 32833	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Christine MORALES 3206 Johnro Dr. Orlando Fla 32806	☐ Change ☐ Addition
TITLE NONE NAME STREET ADDRESS CITY-ST-ZIP	A CHAPMEN, JACQUEL 19628 GLENN ELM WAY ORLANDO FL 32833	☒ Delete	TITLE A NAME STREET ADDRESS CITY-ST-ZIP	Alberta Brown 2635 Albion Ave Orlando Fl 32833	☒ Change ☐ Addition

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 Jones 3/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #