

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006530

FILED
Apr 23, 2009
Secretary of State

Entity Name: NEHEMIAH CHURCH MINISTRY, INC.

Current Principal Place of Business:

746 W. LIVINGSTON STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

746 W. LIVINGSTON STREET
ORLANDO, FL 32805

New Mailing Address:

NEHEMIAH CHURCH
2428 BASTINGS AVE.
ORLANDO, FL 32805

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, OLIVER W
746 W. LIVINGSTON STREET
ORLANDO, FL 32805 US

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: PD () Delete
Name: JONES, OLIVER W
Address: 20745 MAXIM PKWY
City-St-Zip: ORLANDO, FL 32833

Title: VP () Delete
Name: JONES, ANN
Address: 20745 MAXIM PKWY
City-St-Zip: ORLANDO, FL 32833

Title: T () Delete
Name: RASPASS, WILLIAM
Address: 20249 MAXIM PKWY
City-St-Zip: ORLANDO, FL 32833

Title: T () Delete
Name: RASPASS, DESHOW
Address: 20249 MAXIM PKWY
City-St-Zip: ORLANDO, FL 32833

Title: S () Delete
Name: MORA LES, CHRISTINA
Address: 3206 JOANNE DR.
City-St-Zip: ORLANDO, FL 32806

Title: A () Delete
Name: GRAY, ALBERTO
Address: 2635 ALBRA AVE
City-St-Zip: ORLANDO, FL 32833

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: T (X) Change () Addition
Name: GOLDEN, LEST
Address: 2149 MONTO CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: S (X) Change () Addition
Name: URBANKS, ALLAN
Address: 2629 ALBION
City-St-Zip: ORLANDO, FL 32833

Title: A (X) Change () Addition
Name: GRAY, ALBERTO
Address: 2635 ABLION AVE
City-St-Zip: ORLANDO, FL 32833

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OLIVER JONES

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date