

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000931

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** THE NEHEMIAH COMMUNITY SERVICE CENTER, INC.

**Current Principal Place of Business:**

5872 THISLEDOWN COURT  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

5872 THISLEDOWN COURT  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 06-1703088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JACKSON, DOROTHEA  
1325 SOUTH CONGRESS AVE.  
SUITE 202  
BOYNTON BEACH, FL 33426 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: EDWARDS, OCTAVIUS A  
Address: 5872 THISLEDOWN COURT  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD ( ) Delete  
Name: HAWKINS, SHANNON  
Address: 747 EVERGREEN DRIVE  
City-St-Zip: LAKE PARK, FL 33403

Title: TD ( ) Delete  
Name: EDISON, JOYCE  
Address: 1058 WINDING ROSE WAY  
City-St-Zip: WEST PALM BEACH, FL 33415

**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:

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: OCTAVIUS A. EDWARDS

PD

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date