2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N03000000931

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 ( )**

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:

JACKSON, DOROTHEA U
1325 SOUTH CONGRESS AVE.
SUITE 202
BOYNTON BEACH, FL 33426 US

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: DOROTHEA U JACKSON 04/30/2009
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 04/30/2009
Electronic Signature of Signing Officer or Director — Date