

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002991

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: NEHEMIAH INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

709 SW SHERLOCK TERRACE  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7004  
LAKE CITY, FL 320550004

**New Mailing Address:**

FEI Number: 56-2065912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHEUNG, TERESA Y  
709 SW SHERLOCK TERRACE  
LAKE CITY, FL 32024      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: DP      ( ) Delete  
Name: FARRIS, JO H  
Address: 709 SW SHERLOCK TERRACE  
City-St-Zip: LAKE CITY, FL 32024

Title: DV      ( ) Delete  
Name: FARNHAM, KATHLEEN F  
Address: 480 SW SHERLOCK TERRACE  
City-St-Zip: LAKE CITY, FL 32024

Title: DS      ( ) Delete  
Name: HOWE, GRACE  
Address: 6338 DAYLIGHT DRIVE  
City-St-Zip: AGIURA HILLS, CA 91301

Title: DT      ( ) Delete  
Name: CHEUNG, TERESA Y  
Address: 709 SW SHERLOCK TERRACE  
City-St-Zip: LAKE CITY, FL 32024

Title: D      ( ) Delete  
Name: FARRIS, SASHA H  
Address: 709 SW SHERLOCK TERRACE  
City-St-Zip: LAKE CITY, FL 32024

Title: D      ( ) Delete  
Name: TALICH, ALYSSA K  
Address: 480 SW SHERLOCK TERRACE  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: HOWE, GRACE  
Address: 6338 DAYLIGHT DRIVE  
City-St-Zip: AGOURA HILLS, CA 91301

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: KATHLEEN F. FARNHAM

DV

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date