

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000459 (9)**
1. Corporation Name

THE NEHEMIAH PROJECT OF HOMESTEAD, INC.



Principal Place of Business: **30695 SW 162ND AVE HOMESTEAD FL 33033**
Mailing Address: **30695 SW 162ND AVE HOMESTEAD FL 33033**

3. Date Incorporated or Qualified: **11/23/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **65-0389868**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **TAYLOR, RENE 31400 SW 208TH CT HOMESTEAD FL 33033**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SAWATZKY, WALTER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 29825 SW 155TH WAY	<input type="checkbox"/> DELETE	1.2 NAME	
CITY-ST-ZIP: HOMESTEAD FL 33033		1.3 STREET ADDRESS	
TITLE: PD	NAME: TAYLOR, RENE	1.4 CITY-ST-ZIP	
STREET ADDRESS: 31400 SW 208TH CT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: HOMESTEAD FL 33030		2.2 NAME	
TITLE: MD	NAME: SHATTUCK, TED	2.3 STREET ADDRESS	
STREET ADDRESS: 30695 SW. 162ND AVE.	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP: HOMESTEAD FL		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD	NAME: HOOPER, LARRY	3.2 NAME	
STREET ADDRESS: 29625 SW. 177TH AVE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP: HOMESTEAD FL		3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	<input type="checkbox"/> DELETE	4.2 NAME	
CITY-ST-ZIP:		4.3 STREET ADDRESS	
TITLE:	NAME:	4.4 CITY-ST-ZIP	
STREET ADDRESS:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
CITY-ST-ZIP:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME	
STREET ADDRESS:	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Luis JAZAN** 4/16/96 305 2481659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Outgoing Phone #

CR2E037 (12/95)