


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000459 (9)**  
1. Corporation Name  
**THE NEHEMIAH PROJECT OF HOMESTEAD, INC.**



Principal Place of Business <b>30695 SW 162ND AVE HOMESTEAD FL 33033</b>	Mailing Address <b>30695 SW 162ND AVE HOMESTEAD FL 33033-4122</b>
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3. Date Incorporated or Qualified <b>11/23/1992</b>		3a. Date of Last Report <b>04/19/1996</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
4. FEI Number <b>65-0389868</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TAYLOR, RENE</b> <b>31400 SW 208TH CT</b> <b>HOMESTEAD FL 33033</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>SAWATZKY, WALTER</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAWATZKY, WALTER</b>	1.2 NAME	<b>Robert Nelson</b>
STREET ADDRESS	<b>29825 SW 155TH WAY</b>	1.3 STREET ADDRESS	<b>17435 SW 297th Terr.</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	1.4 CITY-ST-ZIP	<b>Homestead, FL 33030</b>
TITLE <b>PD</b>	<b>TAYLOR, RENE</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, RENE</b>	2.2 NAME	
STREET ADDRESS	<b>31400 SW 208TH CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	2.4 CITY-ST-ZIP	
TITLE <b>M</b>	<b>AZAN, LUIS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZAN, LUIS</b>	3.2 NAME	
STREET ADDRESS	<b>2701 SEQUOIA ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>HOOPER, LARRY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOPER, LARRY</b>	4.2 NAME	
STREET ADDRESS	<b>29825 SW. 177TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Azan Executive Director (305)245-5885

CR2E037 (9/96)