
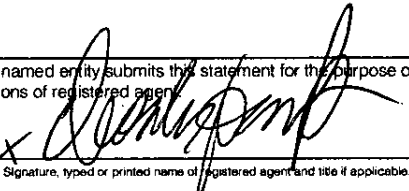
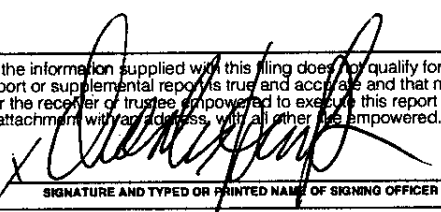


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90006 031 \*\*\*470.00

<b>DOCUMENT # N92000000459</b>					
1. Entity Name <b>THE NEHEMIAH PROJECT OF HOMESTEAD, INC.</b>					
Principal Place of Business <b>30695 SW 162ND AVE HOMESTEAD, FL 33033</b>		Mailing Address <b>30695 SW 162ND AVE HOMESTEAD, FL 33033</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0389868</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHREEVE, RUSSELL L 48 NE 111TH ST. MIAMI SHORES, FL 33161			Name <b>CHARLES GOERTZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>30695 SW 162 AVE</b> City <b>HOMESTEAD, FL</b> Zip Code <b>33033</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <b>5/19/04</b>		
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, EMILIO		NAME		
STREET ADDRESS	416 BIANCA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AZAN, LUIS		NAME		
STREET ADDRESS	2701 SEQUOVIA ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHREEVE, RUSSELL		NAME	<b>CHARLES GOERTZ</b>	
STREET ADDRESS	48 NE 111TH ST.		STREET ADDRESS	<b>30695 SW 162 AVE</b>	
CITY-ST-ZIP	MIAMI SHORES, FL 33161		CITY-ST-ZIP	<b>HOMESTEAD, FL 33033</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFAU-REYES, MARIA		NAME		
STREET ADDRESS	888 NE 30TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.					
SIGNATURE: 			DATE: <b>5/19/04</b>		DAYTIME PHONE #: <b>305-248-1659</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

54055209



03292004 Chg-NP CR2E037 (10/03)