


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000459
1. Entity 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

DO NOT WRITE IN THIS SPACE

02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0389868

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GOERTZ, CHARLES
30695 SW 162 AVENUE
HOMESTEAD, FL 33033

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERNANDEZ, EMILIO 416 BIANCA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M AZAN, LUIS 2701 SEQUOVIA ST CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TV GOERTZ, CHARLES 30695 SW 162 AVENUE HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALFAU-REYES, MARIA 888 NE 30TH ST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/21/05-80057-021 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis J. Azan 4/13/05 3052455885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #