


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 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
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03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0389868	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 SEQUOIA 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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 03/29/06-80001-014 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Exec Director** 3/13/06 305245-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #