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Secretary of State

04-27-1999 90155 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003957					
1. Corporation Name THE NEHEMIAH 5 INSTITUTE INCORPORATED					
Principal Place of Business 3531 S.W. 30TH TERRACE 50A GAINESVILLE FL 32608			Mailing Address 3531 S.W. 30TH TERRACE 50A GAINESVILLE FL 32608		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1998	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BRYANT, JEFF 3531 S.W. 30TH TERRACE 50A GAINESVILLE FL 32608			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			FL 85. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DIRECTOR
STREET ADDRESS		1.3 STREET ADDRESS	JEFF BRYANT
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	3531 SW 30TH TERRACE 50A GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Voluntary Director
STREET ADDRESS		2.3 STREET ADDRESS	Milton H. Baxley II
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	904610 N.W. 13th Avenue Gainesville, Florida 32605
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Voluntary Director
STREET ADDRESS		3.3 STREET ADDRESS	Charles R. Preston
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	C/O 7615 Mayapple Rd Jacksonville, Republic of Florida USA
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(352) 373-5425

Date

Daytime Phone #

CR2E037 (1/98)