


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000119047 1. Entity Name NEHEMIAH STRONG FOUNDATION, INC.	
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Principal Place of Business 6417 N 23RD ST TAMPA, FL 33610	Mailing Address P O BOX 8146 TAMPA, FL 33674
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02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0548946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRBY, MONICA C 709 PADDINGTON PL BRANDON, FL 33510
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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	D BOOZIER, DEONKA 624 FOREST HILLS DR TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, ODESSA 1310 COCONUT DR TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAIR, MARSHALL 6417 NORTH 23RD STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAIR, ZEMMER 7414 BECKY THATCHER LANE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, VANESSA 6831 MONARCH PARK DRIVE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, JOANN 7821 NORTH 50TH STREET TAMPA, FL 33617

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03/06/06-80035-018 150.00

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IN THIS SPACE**

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 607, 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: Monica C Kirby President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 (813) 238-0983
Date Daytime Phone #