

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000119047**

1. Entity Name  
**NEHEMIAH STRONG FOUNDATION, INC.**



Principal Place of Business  
**6417 N 23RD ST  
TAMPA, FL 33610**

Mailing Address  
**P O BOX 8146  
TAMPA, FL 33674**

**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**03-0548946**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KIRBY, MONICA C  
709 PADDINGTON PL  
BRANDON, FL 33510**

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000619443  
02/08/07-80072-023 150.00**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/07**

Date

Daytime Phone #