2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
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

02052008 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 ☐ **$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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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, 2008 Fee will be $550.00

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

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

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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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like empowered.

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