

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119047

Entity Name: NEHEMIAH STRONG FOUNDATION, INC.

FILED  
Jan 18, 2009  
Secretary of State

## Current Principal Place of Business:

6417 N 23RD ST  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 8146  
TAMPA, FL 33674

## New Mailing Address:

FEI Number: 03-0548946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: BOOZIER, DEONKA  
Address: 624 FOREST HILLS DR  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: BRUCE, ODESSA  
Address: 1310 COCONUT DR  
City-St-Zip: TAMPA, FL 33619

Title: P ( ) Delete  
Name: HAIR, MARSHALL  
Address: 6417 NORTH 23RD STREET  
City-St-Zip: TAMPA, FL 33610

Title: VP ( ) Delete  
Name: HAIR, ZEMMER  
Address: 7414 BECKY THATCHER LANE  
City-St-Zip: TAMPA, FL 33637

Title: S ( ) Delete  
Name: JOHNSON, VANESSA  
Address: 6831 MONARCH PARK DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: T ( ) Delete  
Name: WILLIAMS, JOANN  
Address: 7821 NORTH 50TH STREET  
City-St-Zip: TAMPA, FL 33617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL HAIR

P

01/18/2009

Electronic Signature of Signing Officer or Director

Date