Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90251 006 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # Paganagana

1. Corporatio	n Name	00200			
NEHEMIAH TRAINING INSTITUTE, INC.					
					<u> </u>
Principal Place of Business Mailing Address					
5157 BREEZEWAY COURT 5157 BREEZEWAY COURT					
JACKSONVILLE FL 32258 JACKSONVILLE FL 32258				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				04/09/1998	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3504306	- Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29	30	This corporation owes the current year I Personal Property Tax.	ntangible □Yes <b>X</b> No
24	25 9. Name and Address of Curre		30	10. Name and Address of New Registere	
	o. Hamo and Hadrado o. Ozno		81 Name		
Kirk, Helen \$			82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>
5157 BREEZEWAY COURT			5 Street Add	ress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32258			83		
			84 City		85 Zip Code
			1 1 7	F	L     `
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
oπice or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	on's board or directors. Thereby accept the app	Tilling of as legistered
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature require		ND DIDECTORS IN 12
12.	···	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
TITLE NAME	D Kirk, Willis L		1.2 NAME		D summile D summing
STREET ADDRESS			: 1.3 STREET ADDRESS		
	JACKSONVILLE FL 32258		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	KIRK, HELEN S		2.2 NAME		•
STREET ADDRESS			2.3 STREET ADORESS	<del>-</del>	
CITY-ST-ZIP	JACKSONVILLE FL 32258		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 NAME		☐ Change ☐ Addition
NAME					

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 suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS