

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C 65717

Person Filing

2. Name and mailing address (include ZIP Code):

Name **Nekeya Nunn**

Title **President**

Organization **Gideon Group Consulting**

P.O. Box, Bldg., Room No., if any

Street **390 N Orange Ave Ste 2300**

City **Orlando**

State **Florida** ZIP Code + 4 **32801**

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 13

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name **Greg Ohe**

Organization **Health Central Park Nursing Home**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **411 N. Dillard St**

City **Winter Garden**

State **Florida** ZIP Code + 4 **34787**

7. Date entered into:

10 / 14 / 2013

8. Name of person(s) through whom made:

Name **Greg Ohe**

Name

Name

Name

Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section III on penalties in the instructions.)

13. Signed 

President
(If other title, see
instructions)

Title **President**

14. Signed

Treasurer
(If other title, see
instructions)

Title

On **11/18/2013** (407) 460-6316

Date

Telephone Number

On

Date

Telephone Number

a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

Gideon Group Consulting will have one consultant at the location being paid on a per hour basis per an oral contract. we may also utilize 2 part time consultants as needed for language translation and interpretation as needed and requested by client.

To educate HCP employees concerning their Section 7 rights under the National Labor Relations Act to form, join, or assist labor organizations, to bargain collectively or engage in other activities for their mutual aid or protection and the right to refrain from doing so. To enhance the business literacy of the workforce and educate employees on what it means if they complete a union authorization card.

State **Florida** ZIP Code + 4 **32765**

SETU 1199 and CNA/NNOC