2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2012
Secretary of State

DOCUMENT# N11000010479

Entity Name: NHS CJ BOOSTER, INC.

Current Principal Place of Business:

400 SW 258TH AVENUE
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 664
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 45-3773284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, S. SCOTT
527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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

OFFICERS AND DIRECTORS:

Title: D
Name: MCGRIFF, WENDY
Address: P.O. BOX 664
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: FINLEY, CHRISTINA
Address: P.O. BOX 664
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: COLEMAN, MARY
Address: P.O. BOX 664
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: PARSELLS, MARTI
Address: P.O. BOX 664
City-St-Zip: NEWBERRY, FL 32669

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY COLEMAN MRS. 03/19/2012
Electronic Signature of Signing Officer or Director Date