

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31620

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: NURSES FOR CHRIST, INC.

**Current Principal Place of Business:**

318 CAROLYN DRIVE  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

318 CAROLYN DRIVE  
LAKELAND, FL 33803 US

**New Mailing Address:**

FEI Number: 59-2973260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNORS, LEONARD J.  
1007 E. REYNOLDS STREET  
PLANT CITY, FL 33566 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: P ( ) Delete  
Name: SHOMBER, CYNTHIA L  
Address: 318 CAROLYN DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: CARTLEDGE, SARA  
Address: 1871 PINETA DR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: HETRICK, HAZEL  
Address: 201 WEST MAXWELL  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: MEZA, LYNN  
Address: 15888 SW 95TH AVE #203  
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete  
Name: TEEMS, VELMA  
Address: 1900 MCCLELLAN RD  
City-St-Zip: FROSTPROOF, FL 33843

**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: SD (X) Change ( ) Addition  
Name: HETRICK, JUDSON  
Address: 201 WEST MAXWELL  
City-St-Zip: LAKELAND, FL 33803

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

SIGNATURE: CYNTHIA SHOMBER

REV

04/29/2009

Electronic Signature of Signing Officer or Director

Date