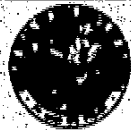


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N31620 (0)

1. Corporation Name

NURSES FOR CHRIST, INC.

Principal Place of Business

Mailing Address

**LEONARD J. CONNORS
201 WEST MAXWELL STREET
LAKELAND FL 33603**

**LEONARD J. CONNORS
201 WEST MAXWELL STREET
LAKELAND FL 33603**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1989

3a. Date of Last Report

06/15/1994

4. FEI Number

59-2973260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNORS, LEONARD J.
1007 E. REYNOLDS STREET
PLANT CITY FL 33568**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **HETRICK, HAZEL C.**
STREET ADDRESS **201 W. MAXWELL**
CITY - ST - ZIP **LAKELAND FL**

TITLE **VD**
NAME **MADDEN, BERNICE**
STREET ADDRESS **1500 BAYON DRIVE**
CITY - ST - ZIP **DELTONA FL**

TITLE **T**
NAME **HETRICK, JUDSON V.**
STREET ADDRESS **201 W. MAXWELL**
CITY - ST - ZIP **LAKELAND FL**

TITLE **VD**
NAME **KASPAK, PAULA**
STREET ADDRESS **PO BOX 24911 N/A**
CITY - ST - ZIP **LAKELAND FL**

TITLE **S**
NAME **CONNORS, FRANCES**
STREET ADDRESS **2454 CEDAR TRACE CIRCLE**
CITY - ST - ZIP **TAMPA FL**

TITLE **D**
NAME **FILES, MARILYN**
STREET ADDRESS **2135 NE 78TH PLACE**
CITY - ST - ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

S
BOYCE, VIRGINIA
515 LEFFINGWELL AVE. #117
ELLENTON, FL 34222

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judson V. Hetrick

JUDSON V. HETRICK

4/26/95

(813) 688-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

00000000