FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33803	%LEONARD J. CONNORS 201 WEST MAXWELL STREET LAKELAND FL 33803

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONNORS, LEONARD J.
1007 E. REYNOLDS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HETRICK, HAZEL C.	1.2 NAME	
STREET ADDRESS	201 W. MAXWELL	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MADDEN, BERNICE	2.2 NAME	
STREET ADDRESS	1500 BAVON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	HETRICK, JUDSON V.	3.2 NAME	
STREET ADDRESS	201 W. MAXWELL	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	KASPARIK, PAULA	4.2 NAME	
STREET ADDRESS	PO BOX 24911 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S ☒ Change ☐ Addition
NAME	CONNORS, FRANCES	5.2 NAME	BOYCE, VIRGINIA
STREET ADDRESS	2454 CEDAR TRACE CIRCLE	5.3 STREET ADDRESS	515 LEFFINGWELL AVE. #117
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FILES, MARILYN	6.2 NAME	
STREET ADDRESS	2135 NE 78TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

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)(i), 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 617, 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 MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMON