2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N31620

Entity Name: NURSES FOR CHRIST, INC.

Current Principal Place of Business:

318 CAROLYN DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

318 CAROLYN DRIVE
LAKELAND, FL 33803

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:	DEVANEY, WILLIAM	
Address:	2502 MONACO TERR	
City-St-Zip:	WEST PALM BEACH, FL 33410	
Title:	T	( ) Delete
Name:	HETRICK, JUDSON V.,	
Address:	201 W. MAXWELL	
City-St-Zip:	LAKELAND, FL	
Title:	D	( ) Delete
Name:	FREDERICK, MAXINE	
Address:	1645 NW 188 TERR	
City-St-Zip:	MIAMI, FL 33169	
Title:	SD	( ) Delete
Name:	TRAVALENA, GLORIA	
Address:	4312 CHARRO LANE	
City-St-Zip:	PLANT CITY, FL	
Title:	VD	( ) Delete
Name:	LAMORE, SUSAN	
Address:	317 RAIL AVE	
City-St-Zip:	SEBRING, FL 33872	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KRANZ, MARILYN	
Address:	13025 27TH DR	
City-St-Zip:	WELLBORN, FL 32094	
Title:	D	(X) Change ( ) Addition
Name:	HETRICK, HAZEL	
Address:	201 WEST MAXWEL	
City-St-Zip:	LAKELAND, FL 33803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 P 04/30/2004

Electronic Signature of Signing Officer or Director — Date