2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2012
Secretary of State

DOCUMENT# F11000004297

Entity Name: FRONTIER NURSING UNIVERSITY, INC.

Current Principal Place of Business:

170 PROSPEROUS PLACE
LEXINGTON, KY 40509

New Principal Place of Business:

195 SCHOOL STREET
HYDEN, KY 41749

Current Mailing Address:

195 SCHOOL STREET
HYDEN, KY 41749

New Mailing Address:

170 PROSPEROUS PLACE
LEXINGTON, KY 40509

FEI Number: 61-1124267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: C
Name: CARTER, MICHAEL
Address: 369 BELMONT ACRES CIRCLE
City-St-Zip: TUMBLING SHOALS, AR 72581

Title: VC
Name: TUGGLE, KEN
Address: 400 WEST MARKET STREET 32ND FLOOR
City-St-Zip: LOUISVILLE, KY 40202

Title: ST
Name: HINES, NANCY
Address: PO BOX 1196
City-St-Zip: SHEPHERDSVILLE, KY 40165

Title: D
Name: FOLEY, JOHN
Address: 1716 MORELAND DRIVE
City-St-Zip: LEXINGTON, KY 40502

Title: D
Name: POWELL, JANE L
Address: 315 GOOD HOPE PLANTATION ROAD
City-St-Zip: RIDGELAND, SC 29936

Title: D
Name: MAHAN, CHARLIE
Address: 1001 NORTH RIVERHILLS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: SHELLEY ALDRIDGE COO 03/09/2012

Electronic Signature of Signing Officer or Director Date