

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010479

Entity Name: NHS CJ BOOSTER, INC.

Current Principal Place of Business:

400 SW 258TH AVENUE
NEWBERRY, FL 32669

Current Mailing Address:

P.O. BOX 664
NEWBERRY, FL 32669

FEI Number: 45-3773284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, S. SCOTT
527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 US

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

Officer/Director Detail :

Title D
Name MCGRIFF, WENDY
Address P.O. BOX 664
City-State-Zip: NEWBERRY FL 32669

Title D
Name FINLEY, CHRISTINA
Address P.O. BOX 664
City-State-Zip: NEWBERRY FL 32669

Title D
Name COLEMAN, MARY
Address P.O. BOX 664
City-State-Zip: NEWBERRY FL 32669

Title D
Name PARSELLS, MARTI
Address P.O. BOX 664
City-State-Zip: NEWBERRY FL 32669

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: COLEMAN, MARY

D

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date