

2023 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 371
NEWBERRY, FL 32669 US**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	PRESIDENT
Name	LOWRY, HEATHER
Address	PO BOX 371
City-State-Zip:	NEWBERRY FL 32669

Title	VP
Name	WILLIAMS, BARBARA
Address	P.O. BOX 371
City-State-Zip:	NEWBERRY FL 32669

Title	SECRETARY
Name	FIELDS, CYNDI
Address	P.O. BOX 371
City-State-Zip:	NEWBERRY FL 32669

Title	TREASURER
Name	SOWERS, MELANIE
Address	PO BOX 371
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: HEATHER LOWRY

PRESIDENT

02/26/2023

Electronic Signature of Signing Officer/Director Detail_____
Date