

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003610

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** NURSES WITH A MISSION, INCORPORATED

**Current Principal Place of Business:**

826 29TH AVENUE NORTH  
ST PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

10111 109TH STREET  
SEMINOLE, FL 33772

**New Mailing Address:**

826 29TH AVENUE NORTH  
ST PETERSBURG, FL 33704

**FEI Number:** 65-1297722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNES, MAURI  
826 29TH AVENUE NORTH  
ST PETERSBURG, FL 33704 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: PD  
Name: BARNES, MAURI  
Address: 826 39TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33704

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: MAURI BARNES

PD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date