

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007284

FILED  
Jan 17, 2006  
Secretary of State

**Entity Name:** CHRISTIAN NURSE SCHOOL BIBLE EDUCATION INC.

**Current Principal Place of Business:**

3285 LAKE WORTH RD  
J  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

3285 LAKE WORTH RD  
J  
PALM SPRINGS, FL 33461

**New Mailing Address:**

**FEI Number:** 86-1112457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RUIZ, OSCAR DR  
3600 S STATE ROAD 7  
363  
MIRAMAR, FL 33023 US

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

FLOREZ, MAGNOLIA  
3600 S STATE ROAD 7  
363  
MIRAMAR, FL 33023 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: MAGNOLIA FLOREZ

01/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GALLO, DENISSE NPA  
Address: 20425 NE 19 CT  
City-St-Zip: MIAMI, FL 33179 US

Title: VP (X) Delete  
Name: FERNANDEZ, ALICIA CPA  
Address: 20425 NE 19 CT  
City-St-Zip: MIAMI, FL 33179 US

Title: VP (X) Delete  
Name: NIETO, GLORIA  
Address: 20425 NE 19 CT  
City-St-Zip: MIAMI, FL 33179 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: DENNISE GALLO

P

01/17/2006

Electronic Signature of Signing Officer or Director

Date