

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003320

FILED
Mar 25, 2009
Secretary of State

Entity Name: CHRISTIAN NURSING COLLEGE, INC.

Current Principal Place of Business:

9039 BEACH BLVD
JACKSONVILLE, FL 32126

New Principal Place of Business:

11202 MONUMENT LANDING BLVD
JACKSONVILLE, FL 32225

Current Mailing Address:

9039 BEACH BLVD
JACKSONVILLE, FL 32126

New Mailing Address:

11202 MONUMENT LANDING BLVD
JACKSONVILLE, FL 32225

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMOGUEZ, VIOLETA
2635 GRAMPIAN DRIVE WEST
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WEST, VIOLETA
11202 MONUMENT LANDING BLVD
JACKSONVILLE, FL 32225 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: VIOLETA WEST

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: OLMOGUEZ, VIOLETA
Address: 2635 GRAMPIAN DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: WEST, LEE
Address: 11202 MONUMENT LANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS () Delete
Name: HENRICKS, LOUISE
Address: 32 FLOWERWOOD DRIVE
City-St-Zip: CHATTAHOOCHEE, FL 32324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: WEST, VIOLETA
Address: 11202 MONUMENT LANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: GARING, LOUISE
Address: 3362 HICKORY LEAF COURT
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify 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: VIOLETA WEST

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date