

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010854

FILED
Mar 30, 2010
Secretary of State

Entity Name: NHS CLASS OF 1990 REUNION, INC.

Current Principal Place of Business:

851 NW 250TH TERRACE
SUITE 10
NEWBERRY, FL 32669 US

New Principal Place of Business:

3814 NW 266TH STREET
NEWBERRY, FL 32669 US

Current Mailing Address:

P.O. BOX 1170
NEWBERRY, FL 32669 US

New Mailing Address:

FEI Number: 27-1325108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, WILLIAM C III
851 NW 250TH TERRACE
SUITE 10
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

MARTIN, WILLIAM C III
3814 NW 266TH STREET
NEWBERRY, FL 32669 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: WC MARTIN III

03/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARTIN, CLAY
Address: 3814 NW 266TH ST
City-St-Zip: NEWBERRY, FL 32669 US

Title: VPD
Name: BATES, TONJA
Address: 5610 SW 190TH ST
City-St-Zip: ARCHER, FL 32618 US

Title: TD
Name: TATUM, CRYSTAL A
Address: 13200 W NEWBERRY RD #P88
City-St-Zip: NEWBERRY, FL 32669 US

Title: VPD
Name: WATSON, SONYA D
Address: 260 NW 146TH DR APT-142
City-St-Zip: NEWBERRY, FL 32669 US

Title: SD
Name: SOLBERG, AMY
Address: 18320 SW 15TH AVE
City-St-Zip: NEWBERRY, FL 32669 US

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: WC MARTIN III

PD

03/30/2010

Electronic Signature of Signing Officer or Director

Date