

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N31620**

1. Entity Name

NURSES FOR CHRIST, INC.

Principal Place of Business

**%LEONARD J. CONNORS
201 WEST MAXWELL STREET
LAKELAND FL 33803**

Mailing Address

**%LEONARD J. CONNORS
201 WEST MAXWELL STREET
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2973260

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CONNORS, LEONARD J.
1007 E. REYNOLDS STREET
PLANT CITY FL 33566**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **PD** ☐ Delete
NAME **HETRICK, HAZEL C.**
STREET ADDRESS **201 W. MAXWELL**
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DEVANEY, WILLIAM**
STREET ADDRESS **2502 MONACO TERR**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **HETRICK, JUDSON V.**
STREET ADDRESS **201 W. MAXWELL**
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FREDERICK, MAXINE**
STREET ADDRESS **1645 NW 188 TERR**
CITY-ST-ZIP **MIAMI FL 33169**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SA** ☐ Delete
NAME **TRAVALENA, GLORIA**
STREET ADDRESS **4312 CHARRO LANE**
CITY-ST-ZIP **PLANT CITY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **LAMORE, SUSAN**
STREET ADDRESS **317 RAIL AVE**
CITY-ST-ZIP **SEBRING FL 33872**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**Judson V. Hetrick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90087 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

SARA CARTLEDGE D (alternate)
5026 S UNIVERSITY DR
DAVIE, FL 33328-

MAXINE FREDERICK D
1645 NW 188 TERR
NORTH MIAMI, FL 33169-

BETTY JORDAN D (alternate)
8620 NW 13TH ST, #90
GAINESVILLE, FL 32653-7915

SUSAN LAMORE V D
317 RAIL AVE
SEBRING, FL 33872-

Attachments

853824

BILL DEVANEY D
2502 MONACO TERR
PALM BEACH GARDENS, FL 33410-1433

N31620
HAZEL HETRICK
201 W MAXWELL STREET
LAKELAND, FL 33803-

VICKIE KINCAID D
PO BOX 803
KATHLEEN, FL 33849-

BERNICE MADDEN D
PO BOX 82124
CONYERS, GA 30013-

Complete list of directors
Nurses for Christ, Inc.