

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31620

Entity Name: NURSES FOR CHRIST, INC.

FILED  
Apr 30, 2004  
Secretary of State

**Current Principal Place of Business:**

318 CAROLYN DRIVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

318 CAROLYN DRIVE  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 59-2973260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNORS, LEONARD J.  
1007 E. REYNOLDS STREET  
PLANT CITY, FL 33566 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: P ( ) Delete  
Name: SHOMBER, CYNTHIA L  
Address: 318 CAROLYN DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: DEVANEY, WILLIAM  
Address: 2502 MONACO TERR  
City-St-Zip: WEST PALM BEACH, FL 33410

Title: T ( ) Delete  
Name: HETRICK, JUDSON V.,  
Address: 201 W. MAXWELL  
City-St-Zip: LAKELAND, FL

Title: D ( ) Delete  
Name: FREDERICK, MAXINE  
Address: 1645 NW 188 TERR  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: TRAVALENA, GLORIA  
Address: 4312 CHARRO LANE  
City-St-Zip: PLANT CITY, FL

Title: VD ( ) Delete  
Name: LAMORE, SUSAN  
Address: 317 RAIL AVE  
City-St-Zip: SEBRING, FL 33872

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

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

Title: D (X) Change ( ) Addition  
Name: KRANZ, MARILYN  
Address: 13025 27TH DR  
City-St-Zip: WELLBORN, FL 32094

Title: D (X) Change ( ) Addition  
Name: HETRICK, HAZEL  
Address: 201 WEST MAXWEL  
City-St-Zip: LAKELAND, FL 33803

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 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 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: CYNTHIA SHOMBER

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date