# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 04, 2007**
**Secretary of State**

DOCUMENT# N31620

**Entity Name:** NURSES FOR CHRIST, INC.

**Current Principal Place of Business:**

318 CAROLYN DRIVE
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

318 CAROLYN DRIVE
LAKELAND, FL 33803 US

**New Mailing Address:**

**FEI Number: 59-2973260** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**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: | CARTLEDGE, SARA | |
| Address: | 1871 PINETA DR | |
| City-St-Zip: | MIDDLEBURG, FL 32068 | |
| Title: | D | ( ) Delete |
| Name: | HETRICK, HAZEL | |
| Address: | 201 WEST MAXWEL | |
| City-St-Zip: | LAKELAND, FL 33803 | |
| Title: | D | ( ) Delete |
| Name: | MEZA, LYNN | |
| Address: | 15888 SW 95TH AVE #203 | |
| City-St-Zip: | MIAMI, FL 33157 | |
| Title: | SD | ( ) Delete |
| Name: | TEEMS, VELMA | |
| Address: | 1900 MCCLELLAN RD | |
| City-St-Zip: | FROSTPROOF, FL 33843 | |

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

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | HETRICK, HAZEL | |
| Address: | 201 WEST MAXWELL | |
| City-St-Zip: | LAKELAND, FL 33803 | |
| 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 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: CYNTHIA SHOMBER P 09/04/2007

Electronic Signature of Signing Officer or Director — Date