

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31620

FILED
May 01, 2008
Secretary of State

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:

Name and Address of New Registered Agent:

CONNORS, LEONARD J.
1007 E. REYNOLDS STREET
PLANT CITY, FL 33566 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: _____

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 MAXWELL
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: () 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

05/01/2008

Electronic Signature of Signing Officer or Director

Date