2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2010
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 ( )**

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
Name: SHOMBER, CYNTHIA L
Address: 318 CAROLYN DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D
Name: CARTLEDGE, SARA
Address: 1871 PINETA DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: D
Name: HETRICK, HAZEL
Address: 201 WEST MAXWELL
City-St-Zip: LAKELAND, FL 33803

Title: D
Name: MEZA, LYNN
Address: 15888 SW 95TH AVE #203
City-St-Zip: MIAMI, FL 33157

Title: SD
Name: HETRICK, JUDSON
Address: 201 WEST MAXWELL
City-St-Zip: LAKELAND, FL 33803

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: CYNTHIA SHOMBER P 04/22/2010

Electronic Signature of Signing Officer or Director Date