

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31620

**FILED**  
**Apr 30, 2011**  
**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 ( )**

**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 L. SHOMBER

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date