2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90026 013 ****70.00

DOCUMENT # N98000001409

1. Entity Name

NEW FRONTIER'S HEALTH FORCE, INC.

Principal Place of Business	Mailing Address
1684 BELCHER RD. N CLEARWATER FL 33765	1684 BELCHER RD. N CLEARWATER FL 33765

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3499998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWTHORNE, TONYA
2237 CYPRESS POINT DR. E
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tonya Hawthorne Tonya Hawthorne President 2/7/07
Signature, type/print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM SATTINGER, TIM 1913 CARDAMON DR. TRINITY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BM Cathy Green 6830 9th AVE. N ST. PETERSBURG FL 33710	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BM~~ VP ALBERT, GEORGE 2175 BEECHER RD. CLEARWATER FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BM Patrick Crane 66 NE 57 ST AVE OCALA FL 34470	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ELLIS, LINDA 3452 KEENE LAKE DR LARGO FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	BM John Ringdahl 7114 GATEWAY COURT TAMPA, FL 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAWTHORNE, TONYA 2237 CYPRESS PT DR EAST CLEARWATER FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ BM BUTLER, LORI 796 PINEWOOD DR DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BM~~ T BOWMAN, BOB 1833 LAKE CYPRESS DR SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tonya Hawthorne Tonya Hawthorne Pres. 2/7/07 727-447-3555