


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90023 046 ****70.00

DOCUMENT # N98000001409 1. Entity Name NEW FRONTIER'S HEALTH FORCE, INC.					
Principal Place of Business 1684 BELCHER RD. N CLEARWATER, FL 33765			Mailing Address 1684 BELCHER RD. N CLEARWATER, FL 33765		
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	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u><i>Tonya K Hawthorne</i></u> 1-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<u>BM VP</u> SATTINGER, TIM 1913 CARDAMON DR. TRINITY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CATHY GREEN Secretary</u> 6836 9th AVE N ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BM Treasurer</u> ALBERT, GEORGE 2175 BEECHER RD. CLEARWATER, FL 33763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JOHN RINGDAHL</u> 7114 GATEWAY COURT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AM</u> ELLIS, LINDA 3452 KEENE LAKE DR LARGO, FL 33771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PATRICK CRANE</u> P.O. BOX 830817 OCALA, FL 34483-0817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> HAWTHORNE, TONYA 2237 CYPRESS PT DR EAST CLEARWATER, FL 33763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AM</u> BUTLER, LORI 796 PINWOOD DR DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BM</u> BOWMAN, BOB 1833 LAKE CYPRESS DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Tonya K Hawthorne</i></u> 1-14-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					