

**FILE NOW: FILING FEE IS \$61.25**

|                                                                     |                                                                                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1996</b> | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morthorn<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT #** *N93000002825*

1. Corporation Name

*Christian Girls Club, Incorporated*

Principal Place of Business

Mailing Address

*Duval County  
Jacksonville, Fla.*

*9341 Thomas Dukes  
Court*

3. Date Incorporated or Qualified

*June 15, 1993*

3a. Date of Last Report

*4-95*

2. Principal Place of Business

2a. Mailing Address

21 *9341 Thomas Dukes*

26 *P.O. Box 9665*

4. FEI Number

*59-3199968*

Applied For

Not Applicable

Suite, Apt. #, etc

22 *CT.*

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

City & State

23 *Jacksonville Fla.*

City & State

28 *Jacksonville, Fla*

Zip

24 *32219*

Country

25 *Duval*

Zip

29 *32208*

Country

30 *Duval*

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

*Anita Carter Allen*

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

*9341 Thomas Dukes Ct.*

83

84 City

*Jacksonville, FL*

85 Zip Code

*32219*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Anita C. Allen, Anita C. Allen*

*5-31-96*

Signature, typed or printed name of registered agent and 12(c) if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *Executive Dir. - President* ☐ DELETE  
NAME *Anita C. Allen*  
STREET ADDRESS *9341 Thomas Dukes Ct.*  
CITY-ST-ZIP *Jacksonville, Fla. 32219*

TITLE *Vice-President - Historian* ☐ DELETE  
NAME *Winita T. Allen*  
STREET ADDRESS *9341 Thomas Dukes Ct.*  
CITY-ST-ZIP *Jax, Fla. 32219*

TITLE *Secretary - Parliamentarian* ☐ DELETE  
NAME *Carolyn Ashley*  
STREET ADDRESS *4824 Portsmouth Ave*  
CITY-ST-ZIP *Jax, Fla. 32208*

TITLE *Treasurer* ☐ DELETE  
NAME *Carolyn Neal*  
STREET ADDRESS *6950 Champlain Dr*  
CITY-ST-ZIP *Jax, Fla. 32208*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

*Treasurer* ☒ Change ☐ Addition  
*Deulah Williams*  
*9030 Dames Point Road*  
*Jax, FL. 32226*

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

*Secretary* ☒ Change ☐ Addition  
*Veronica Troup*  
*3529 Laany Drive*  
*Jax, Fla. 32208*

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition  
*500001859185*  
*-06/12/96--01020--002*  
*\*\*\*61.25*

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition  
*05-01-96 072*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Anita C. Allen, Ex. Dir*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-96*

DATE

*904-765-3276*

DAYTIME PHONE #

CR2E037 (12/95)