

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002825

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE CHRISTIAN GIRLS CLUBS MINISTRIES, INC.

Current Principal Place of Business:

5201 ATLANTIC BLVD
243
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9665
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-3199968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, ANITA VERNEL C DR
5201 ATLANTIC BLVD
243
JACKSONVILLE, FL 32207 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: T () Delete
Name: WILLIAMS, BEULAH
Address: 1240 HARTS ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD () Delete
Name: ALLEN, WILNITA T
Address: 5201 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: DAVIS, SERENA
Address: 5768 CARVER CIR
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD () Delete
Name: ALLEN, ANITA
Address: 5201 ATLANTIC BLVD # 243
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: GIBSON, JESSIE S
Address: 1601 AVE M
City-St-Zip: FORT PIERCE, FL

Title: CD () Delete
Name: CARSWELL, ADDIE D
Address: 11864 HIDDEN HILLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANITA C. ALLEN

DR

04/30/2006

Electronic Signature of Signing Officer or Director

Date