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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08571

(4)

1. Corporation Name

CHRISTIAN MANOR AUXILIARY, INC.

Principal Place of Business

Mailing Address

%JOAN IRENE GROSS
325 EXECUTIVE CENTER DR
WEST PALM BEACH FL 33401

%JOAN IRENE GROSS
325 EXECUTIVE CENTER DR
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1985

3a. Date of Last Report
02/25/1994

4. FEI Number
59-2527417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSS, JOAN IRENE
325 EXECUTIVE CENTER DRIVE
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Joyce S. Phillips

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent Signature Required when re-stating)

Joyce S. Phillips

3/1/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GILLETTE, JANE
8325 NASHUA DRIVE
LAKE PARK FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HAYS, MABEL
1909 HAVERHILL ROAD #20
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
SCOTT, CHARLOTTE
293 CHICKAMAUGA AVENUE
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MENDENHALL, B.J.
119 N. CHILLINGWORTH DR
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
PHILLIPS, JOYCE
8001 PINE TREE LANE
LAKE CLARKE SHORES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Joyce S. Phillips

Joyce S. Phillips

Christian Manor aux

3/1/95

60455-5847

Signature