

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified
04/05/1985

3a. Date of Last Report
03/08/1995

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

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

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

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 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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

D
GILLETTE, JANE
8325 NASHUA DRIVE
LAKE PARK FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☒ DELETE

NAME

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

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

DP
SCOTT, CHARLOTTE
293 CHICKAMAUGA AVENUE
WEST PALM BEACH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

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

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

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

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Vice Pres
Lynn Wilkins

7794 Nemec Dr. S

Lake Clarke Shores FL 33406

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Joyce S. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce S. Phillips 3/5/96
Date

(407) 585-5847
Daytime Phone #

CR2E037 (12/95)