

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: %JOAN IRENE GROSS, 325 EXECUTIVE CENTER DR, WEST PALM BEACH FL 33401
Mailing Address: %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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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: **GROSS, JOAN IRENE, 325 EXECUTIVE CENTER DRIVE, WEST PALM BEACH FL 33401**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, JANE	1.2 NAME	
STREET ADDRESS	8325 NASHUA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PARK FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, MABEL	2.2 NAME	<i>Lynn Wilkins</i>
STREET ADDRESS	1909 HAVERHILL ROAD #20	2.3 STREET ADDRESS	<i>7794 Nemeo Dr. S</i>
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	<i>Lake Clarke Shores Fl. 33406</i>
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CHARLOTTE	3.2 NAME	
STREET ADDRESS	293 CHICKAMAUGA AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDENHALL, B.J.	4.2 NAME	
STREET ADDRESS	119 N. CHILLINGWORTH DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JOYCE	5.2 NAME	
STREET ADDRESS	8001 PINE TREE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CLARKE SHORES FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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* *Joyce S. Phillips* 3/5/96 (407) 585-5847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)