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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33401-48393. Date Incorporated or Qualified
04/05/19853a. Date of Last Report
03/11/19964. FEI Number
59-2527417Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GILLETTE, JANE
STREET ADDRESS 8325 NASHUA DRIVE
CITY-ST-ZIP LAKE PARK FL1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Lynn Wilkins, Lynn
1.3 STREET ADDRESS 7794 Nemea Dr S.
1.4 CITY-ST-ZIP Lake Clarke Shores Fl.TITLE V ☐ DELETE
NAME WILKINS, LYNN
STREET ADDRESS 7794 NEMEC DR S
CITY-ST-ZIP LAKE CLARKE SHORES FL2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Hays, Mabel
2.3 STREET ADDRESS 833 Island Shores Dr
2.4 CITY-ST-ZIP Greenacres City, Fl.TITLE DP ☐ DELETE
NAME SCOTT, CHARLOTTE
STREET ADDRESS 293 CHICKAMAUGA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME ~~MENDENHALL, B.J.~~
STREET ADDRESS ~~110 N. CHILLINGWORTH DR~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Gillette, Jane
4.3 STREET ADDRESS 8325 Nashua Dr.
4.4 CITY-ST-ZIP Lake Park, Fl.TITLE OT ☐ DELETE
NAME PHILLIPS, JOYCE
STREET ADDRESS 8001 PINE TREE LANE
CITY-ST-ZIP LAKE CLARKE SHORES FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/12/97

(605) 585-5847

CR2E037 (9/96)