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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2527417

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKINS LYNN	
STREET ADDRESS	7794 NEMEC DR S	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAYS, MABEL	
STREET ADDRESS	833 ISLAND SHORES DR	
CITY-ST-ZIP	GREENACRES CITY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCOTT, CHARLOTTE	
STREET ADDRESS	293 CHICKAMAUGA AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLETTE, JANE	
STREET ADDRESS	8325 NASHUA DR	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JOYCE	
STREET ADDRESS	8001 PINE TREE LANE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Ruth Moore
1.4 CITY-ST-ZIP	327 Pine Ridge Circle Apt B-1
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	Mary Jane Vincent
2.4 CITY-ST-ZIP	312 3rd Lane
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Palm Beach Gardens, FL 33418
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Charlotte M. Scott** *Charlotte M. Scott* **4/23/98** **561-686-5766**

CR2E037 (10/97)