02261999 0069-041-$61.25-$61.25

FILE NOW. FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0039949

DOCUMENT # N08571

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

[redacted]

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

3. Date Incorporated or Qualified
04/05/1985

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

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: KATHRYN SARETSKY
82 Street Address (P.O. Box Number is Not Acceptable): 325 EXECUTIVE CENTER DRIVE
83
84 City: WEST Palm BEACH FL 85 Zip Code: 33401

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: Kathryn Saretsky 3/22/99
Signature, typed or printed name of registered agent and title if applicable. (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, RUTH		1.2 NAME		
STREET ADDRESS	327 PINE RIDGE CIRCLE APT B-1		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VINCEN, MARY J		2.2 NAME		
STREET ADDRESS	312 3RD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33418		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILLETTE, JANE		4.2 NAME		
STREET ADDRESS	8325 NASHUA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ 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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE(S) REQUIRED 1/22/99 561-686-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charlotte Scott, CHARLOTTE SCOTT 1/22/99 561-686-5766

CR2E037 (11/98)