

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08571

1. Entity Name

CHRISTIAN MANOR AUXILIARY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90114 011 ****61.25

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 33401-4839

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2527417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SARETSKY, KATHRYN
325 EXECUTIVE CENTER DRIVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, RUTH	
STREET ADDRESS	327 PINE RIDGE CIRCLE APT B-1	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VINCEN, MARY J	
STREET ADDRESS	312 3RD LANE	
CITY-ST-ZIP	PALM BEACH FL 33418	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, CHARLOTTE	
STREET ADDRESS	293 CHICKAMAUGA AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILLETTE, JANE	
STREET ADDRESS	8325 NASHUA DR	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	DT	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY SHEPARD, GAY	
STREET ADDRESS	325 EXECUTIVE CENTER DR #114B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZA, THOMAS P.	
STREET ADDRESS	110 LAKE HELEN DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DOROTHEA	
STREET ADDRESS	325 EXECUTIVE CENTER DR. # 203A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZA, ALICE	
STREET ADDRESS	110 LAKE HELEN DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. MAZZA THOMAS P. MAZZA 2/28/00 (561) 689-4289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR037 (9/99)