

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90372 048 \*\*\*\*\*61.25

**DOCUMENT # N08571**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

**Christian Manor**  
 Suite, Apt. #, etc.  
**325 Executive Ctr Dr**

**c/o Kathryn Saretsky**  
 Suite, Apt. #, etc.  
**325 Executive Ctr Dr**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number  
**59-2527417**

Applied For  
 Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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:**  
**FEF 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME **MOORE, RUTH**  
 STREET ADDRESS **327 PINE RIDGE CIRCLE APT B-1**  
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D** ☐ Change ☒ Addition  
 NAME **HESTER-PERCY MARYLAND**  
 STREET ADDRESS **325 EXECUTIVE CENTER DR # 111B**  
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **+P** ☐ Delete  
 NAME **SHEPARD, GAY**  
 STREET ADDRESS **325 EXECUTIVE CENTER DR., #1148**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **T** ☐ Change ☒ Addition  
 NAME **MORGAN BARBARA**  
 STREET ADDRESS **325 EXECUTIVE CENTER DR # 208 A**  
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **BP D** ☐ Delete  
 NAME **MAZZA, THOMAS P**  
 STREET ADDRESS **110 LAKE HELEN DRIVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **BROWN, DOROTHEA**  
 STREET ADDRESS **325 EXECUTIVE CENTER DR., #203A**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **MAZZA, ALICE**  
 STREET ADDRESS **110 LAKE HELEN DRIVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)