2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N08571 1. Entity Name 04-19-2004 90245 045 ****61.25 CHRISTIAN MANOR AUXILIARY, INC. Principal Place of Business Mailing Address CHRISTIAN MANOR 325 EXECUTIVE CENTER DR WEST PALM BEACH FL 33401 C/O KATHRYN SARETSKY 325 EXECUTIVE CENTER DR WEST PALM BEACH FL 33401 ~~~~**U**U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-2527417 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SARETŠKY, KATHRYN Street Address (P.O. Box Number is Not Acceptable) 325 EXECUTIVE CENTER DRIVE WEST PALM BEACH FL 33401 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete 📈 TITLE ☐ Change Addition HAMBRIGHT SHEPARD, GAY NAME NAME 6312 SEVEN SPRINGS BLVD, APTB 325 EXECUTIVE CENTER DR., #1148 STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP GREENACPES CITY, FL 33463 TITLE ☐ Delete TITLE Change ☐ Addition MAZZA, THOMAS P NAME NAME 110 LAKE HELEN DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-7(P TITLE 🗻 🔼 Delete TITLE MARY ROCK MARYLAND, HESTER-PERCY NAME NAME 325 EXECUTIVE CENTER DR # 304B 325 EXECUTIVE CENTER DRIVE #111B STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH, FL 33401 Delete TITLE Change Addition MAZZA, ALICE NAME NAME 110 LAKE HELEN DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition ☐ Change MORGAN, BARBARA ELIZA BETH LAMBRECHT NAME NAME 325 EXECUTIVE CENTER DRIVE #208A 325 EXECUTIVE CENTER DR. # 112 B STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE: Manas Manas Manas 4/15/04 (54) 689-4289
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Dayling Phone #

12. I hereby certify that the information supplied with this filling 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.