


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90028 050 ****61.25

DOCUMENT # N08571					
1. Entity Name CHRISTIAN MANOR AUXILIARY, INC.					
Principal Place of Business CHRISTIAN MANOR 325 EXECUTIVE CENTER DR WEST PALM BEACH, FL 33401			Mailing Address C/O KATHRYN SARETSKY 325 EXECUTIVE CENTER DR WEST PALM BEACH, FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMBRIGHT, BILL		NAME		
STREET ADDRESS	6312 SEVEN SPRINGS BLVD., APT B		STREET ADDRESS		
CITY-ST-ZIP	GREEN ACRES, FL 33463		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZA, THOMAS P		NAME	GILLETTE, JANE	
STREET ADDRESS	110 LAKE HELEN DRIVE		STREET ADDRESS	9325 NASHUA DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, DOROTHY		NAME	YARID, DORIS	
STREET ADDRESS	325 EXECUTIVE CENTER DR #306D		STREET ADDRESS	325 EXECUTIVE CENTER DR. #303A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZA, ALICE		NAME		
STREET ADDRESS	110 LAKE HELEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBRECHT, ELIZABETH		NAME	LACHANCE, CAROL	
STREET ADDRESS	325 EXECUTIVE CENTER DR., #112B		STREET ADDRESS	325 EXECUTIVE CENTER DR. #102D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 title empowered.					
SIGNATURE: <i>Bill Hambright</i>			Date: 2-18-06 (561)434-9355		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BILL HAMBRIGHT			Daytime Phone #		

60015640



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2527417 Applied For Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	HAMBRIGHT, BILL	
STREET ADDRESS	6312 SEVEN SPRINGS BLVD., APT B	
CITY-ST-ZIP	GREEN ACRES, FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAZZA, THOMAS P	
STREET ADDRESS	110 LAKE HELEN DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALSH, DOROTHY	
STREET ADDRESS	325 EXECUTIVE CENTER DR #306D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAZZA, ALICE	
STREET ADDRESS	110 LAKE HELEN DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMBRECHT, ELIZABETH	
STREET ADDRESS	325 EXECUTIVE CENTER DR., #112B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, JANE	
STREET ADDRESS	9325 NASHUA DR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARID, DORIS	
STREET ADDRESS	325 EXECUTIVE CENTER DR. #303A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACHANCE, CAROL	
STREET ADDRESS	325 EXECUTIVE CENTER DR. #102D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

Bill Hambright
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 BILL HAMBRIGHT

Date: 2-18-06 (561)434-9355

Daytime Phone #