

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000002825 (8)**

1. Corporation Name

CHRISTIAN GIRLS CLUB, INC.



Principal Place of Business 9431 THOMAS DUKES COURT JACKSONVILLE FL 32219 US	Mailing Address P.O. BOX 9665 JACKSONVILLE FL 32208 US
--	--

3. Date Incorporated or Qualified

06/17/1993

4. FEI Number

59-3199968

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, ANITA
9431 THOMAS DUKES COURT
JACKSONVILLE FL 32219**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WILLIAMS, BEULAH	<input type="checkbox"/> DELETE
NAME	9030 DAMES POINT RD	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALLEN, WILNITA T	
STREET ADDRESS	9431 THOMAS DUKES COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32219	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHLEY, CAROLYN	
STREET ADDRESS	4824 PORTSMOUTH AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	NEAL, CAROLYN	
STREET ADDRESS	6950 CHAMPLAIN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEN, ANITA	
STREET ADDRESS	9431 THOMAS DUKES COURT	
CITY-ST-ZIP	JACKSONVILLE FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	TROUP, VERONICA	
STREET ADDRESS	3029 LAGNY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

Anita C. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-98

904-765-3276

Date

Daytime Phone # 0004807

CR2E037 (10/97)