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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002825

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



2. Principal Place of Business

21 **Same**

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

ALLEN, ANITA
9431 THOMAS DUKES COURT
JACKSONVILLE FL 32219

10. Name and Address of New Registered Agent

81 Name **Same**

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 **Same**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE
NAME **WILLIAMS, BEULAH**
STREET ADDRESS **9030 DAMES POINT RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ DELETE
NAME **ALLEN, WILNITA T**
STREET ADDRESS **9431 THOMAS DUKES COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE **D** ☒ DELETE
NAME **ASHLEY, CAROLYN**
STREET ADDRESS **4824 PORTSMOUTH AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **T** ☒ DELETE
NAME **NEAL, CAROLYN**
STREET ADDRESS **6950 CHAMPLAIN DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **PD** ☐ DELETE
NAME **ALLEN, ANITA**
STREET ADDRESS **9431 THOMAS DUKES COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☒ DELETE
NAME **TROUP, VERONICA**
STREET ADDRESS **3029 LAGNY DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T D** ☐ Change ☐ Addition
1.2 NAME **Williams, Beulah**
1.3 STREET ADDRESS **1240 Harts St.**
1.4 CITY-ST-ZIP **Jacksonville, Fla.**

2.1 TITLE **VPD** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **0** ☐ Change ☒ Addition
3.2 NAME **Serena Davis**
3.3 STREET ADDRESS **5768 Carver Circle**
3.4 CITY-ST-ZIP **Jacksonville, Fla. 32208**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME **Karen Montgomery**
6.3 STREET ADDRESS **9619 Spottswood Rd. #1**
6.4 CITY-ST-ZIP **Jacksonville, Fla. 32208**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-99

Date

904-765-3276

Daytime Phone #

CR2E037 (11/98)