

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002825**

1. Entity 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 32208-0665  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3199968**

Applied For

Not Applicable

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

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

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

*Anita Allen, Anita Allen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-16-00****FILE NOW:****FEE 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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T</b> <b>WILLIAMS, BEULAH</b> <b>1240 HARTS ST</b> <b>JACKSONVILLE FL</b>		<input type="checkbox"/>			<input type="checkbox"/>
<b>VPD</b> <b>ALLEN, WILNITA T</b> <b>9431 THOMAS DUKES COURT</b> <b>JACKSONVILLE FL 32219</b>		<input type="checkbox"/>			<input type="checkbox"/>
<b>D</b> <b>DAVIS, SERENA</b> <b>5768 CARVER CIR</b> <b>JACKSONVILLE FL 32208</b>		<input type="checkbox"/>			<input type="checkbox"/>
<b>PD</b> <b>ALLEN, ANITA</b> <b>9431 THOMAS DUKES COURT</b> <b>JACKSONVILLE FL</b>		<input type="checkbox"/>			<input type="checkbox"/>
<b>S</b> <b>MONTGOMERY, KAREN</b> <b>9619 SPOTTSWOOD RD</b> <b>JACKSONVILLE FL 32208</b>		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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:

*Anita Allen, Anita Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90045 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE