

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90170 037 \*\*\*\*\*75.00

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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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3199968

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALLEN, ANITA  
9431 THOMAS DUKES COURT  
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name Allen, Dr. Anita Vernel Carter

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

Same

City

Same

FL

Zip Code

Same

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 WILLIAMS, BEULAH  
STREET ADDRESS 1240 HARTS ST  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP 32218

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS DAVIS, SERENA  
CITY-ST-ZIP 5768 CARVER CIR  
JACKSONVILLE FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME S  
STREET ADDRESS MONTGOMERY, KAREN  
CITY-ST-ZIP 9619 SPOTTSWOOD RD  
JACKSONVILLE FL 32208 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

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 C. Allen 4-19-01 904 765 3276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)