

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002825

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** THE CHRISTIAN GIRLS CLUBS MINISTRIES, INC.

**Current Principal Place of Business:**

5201 ATLANTIC BLVD  
243  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

5201 ATLANTIC BLVD  
243  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-3199968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, ANITA VERNEL C DR  
5201 ATLANTIC BLVD  
243  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: WILLIAMS, BEULAH  
Address: 1240 HARTS ST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete  
Name: ALLEN, WILNITA T  
Address: 5201 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: DAVIS, SERENA  
Address: 5768 CARVER CIR  
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD ( ) Delete  
Name: ALLEN, ANITA  
Address: 5201 ATLANTIC BLVD # 243  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: GIBSON, JESSIE S  
Address: 1601 AVE M  
City-St-Zip: FORT PIERCE, FL

Title: CD ( ) Delete  
Name: CARSWELL, ADDIE D  
Address: 11864 HIDDEN HILLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: ALLEN, ANITA V  
Address: 5201 ATLANTIC BLVD # 243  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA V ALLEN

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date