


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N41342
 1. Entity Name
 THE JUPITER-TEQUESTA KIWANIS FOUNDATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 4144 P.O. BOX 4144
 TEQUESTA, FL 33469 TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE



03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0242960 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FUSARD, EUGENE D
 16607 NARROWS DR.
 JUPITER, FL 33477

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRASEO, EUGENE D
STREET ADDRESS	16607 NEROME DR
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	VP
NAME	ELLIOTT, WILLIAM
STREET ADDRESS	45 LAUREL OAK CIR.
CITY - ST - ZIP	TEQUEASTA, FL 33469
TITLE	D
NAME	HAGER, DEBBI
STREET ADDRESS	431 JUPITER LAKES BLVD #211 B
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	T
NAME	PULLON, STEVE
STREET ADDRESS	24 STA-BOARD WAY
CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	D
NAME	MARIE, PATRICIA
STREET ADDRESS	95 GULFVIEW DR.
CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	S
NAME	GRIVJACK, MARTIN
STREET ADDRESS	17114 123 TERR N
CITY - ST - ZIP	JUPITER, FL 33478

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 04/18/05-80062-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Debbi Hager Date: 4/13/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR