


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 008 ****61.25

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1. Entity Name
 JUPITERFARMS HORSEMEN'S ASSOCIATION, INC.



Principal Place of Business **18337**
~~12671 150TH STREET NORTH~~
 JUPITER, FL 33478

Mailing Address
129 Dr. N.
 P.O. BOX 1073
 JUPITER, FL 33468

44012793

DO NOT WRITE IN THIS SPACE



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0672042

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHARBONNBAUW, JACQUI
 18837 129 DRIVE NORTH
 JUPITER, FL 33478

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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 *Jacqui Charbonneau* DATE 2/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHARBONNEAU, JACQUI
STREET ADDRESS	18837 129 DRIVE NORTH
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	V
NAME	CLAFF, BARBARA <i>Judy Spillman</i>
STREET ADDRESS	18600 127 DRIVE NORTH <i>11152 159 Ct N</i>
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	S
NAME	BRANDL, ABELE <i>Cindy Walton</i>
STREET ADDRESS	17721 113 TERR NORTH <i>16733 122 Dr N</i>
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	T
NAME	CRANMER, BAHY
STREET ADDRESS	15671 115 AVE NORTH
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	D
NAME	GINN, JANE
STREET ADDRESS	16124 126 TERR NORTH
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	D
NAME	TANQUAY, CHRISTINE <i>Steve Hinkle</i>
STREET ADDRESS	10010 TRAILWOOD PLACE <i>12945 154 Rd N.</i>
CITY-ST-ZIP	JUPITER, FL 33478

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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)(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: *Jacqui Charbonneau* Jacqui Charbonneau 2/19/04 561-575-2158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #