


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 19 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000004932 (6)**  
 1. Corporation Name  
**ORGANIZATION OF PARENTS AND TEACHERS OF JUPITER FARMS COMMUNITY ELEMENTARY SCHOOL, INC.**



Principal Place of Business: **17400 HAYNIE LANE JUPITER FL**  
 Mailing Address: **17400 HAYNIE LANE JUPITER FL**

3. Date Incorporated or Qualified: **08/29/1997**

4. FEI Number: **59-3465610**  
 Applied For:  Not Applicable:

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22**  
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27**  
 City & State: **23** City & State **28**  
 Zip: **24** Country: **25** Zip: **29** Country: **30**

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**WHALEN, TIMOTHY L**  
**301 CLEMATIS STREET**  
**SUITE 200**  
**WEST PALM BEACH FL**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Whitten, Perrie PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPTER, JACK</b>	1.2 NAME	<b>15702 113th Trail N</b>
STREET ADDRESS	<b>16286 MELLE LANE</b>	1.3 STREET ADDRESS	<b>Jupiter, FL 33478</b>
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Shelley Sayre VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EPTER, JOANNE</b>	2.2 NAME	<b>12737 189th Ct. N.</b>
STREET ADDRESS	<b>16286 MELLE LANE</b>	2.3 STREET ADDRESS	<b>Jupiter FL 33478</b>
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Lisa Martz S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIEGERT, JO-ANN</b>	3.2 NAME	<b>17400 Haynie Lane</b>
STREET ADDRESS	<b>13310 152ND ROAD N.</b>	3.3 STREET ADDRESS	<b>Jupiter, FL 33478</b>
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Joanne Epter T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITTEN, PERRIE</b>	4.2 NAME	<b>16286 mellen lane</b>
STREET ADDRESS	<b>15702 113TH TRAIL N.</b>	4.3 STREET ADDRESS	<b>Jupiter R 33478</b>
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Jean Nunn D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENSEN, SUSAN</b>	5.2 NAME	<b>1215T Terrace</b>
STREET ADDRESS	<b>11828 175TH ROAD N.</b>	5.3 STREET ADDRESS	<b>Jupiter R 33478</b>
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEWEY, BETH</b>	6.2 NAME	
STREET ADDRESS	<b>13228 158TH STREET N.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: **4/20/98** **561**  
**575-4400**

CFR2E037 (10/97)