

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90006 013 ****61.25

0046920

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004932

1. Corporation Name

**ORGANIZATION OF PARENTS AND TEACHERS OF JUPITER
 FARMS COMMUNITY ELEMENTARY SCHOOL, INC.**

Principal Place of Business

Mailing Address

17400 HAYNIE LANE
 JUPITER FL

17400 HAYNIE LANE
 JUPITER FL



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/29/1997

22 City & State

27 City & State

4. FEI Number
 59-3465610

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHALEN, TIMOTHY L
 301 CLEMATIS STREET
 SUITE 200
 WEST PALM BEACH FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITTEN, PERRIE	
STREET ADDRESS	15702 113TH TRAIL N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EPTEP, JOANNE	
STREET ADDRESS	16286 MELLEN LANE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LISA MARTZ	
STREET ADDRESS	17400 HAYNIE LN	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOANNE EPTEP	
STREET ADDRESS	16286 MELLEN LN	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN NUNN	
STREET ADDRESS	121ST TERR	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHELLEY SAYRE	
STREET ADDRESS	12737 189TH CT N	
CITY-ST-ZIP	JUPITER FL 33478	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Joanne Eptes, Treas 1/26/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)