


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004932


1. Entity Name
ORGANIZATION OF PARENTS AND TEACHERS OF JUPITER FARMS COMMUNITY ELEMENTARY SCHOOL, INC.



Principal Place of Business Mailing Address

17400 HAYNIE LANE **17400 HAYNIE LANE**
JUPITER, FL **JUPITER, FL**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3465610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, CAROL
11035 RANDOLPH SIDING ROAD
JUPITER, FL 33478

DO NOT WRITE IN THIS SPACE

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PDT KEATING, CAROL 110345 RANDOPH SIDING ROAD JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD COYNE, JANINE 12818 OLD INDIANTOWN RD JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD MCEWEN, MICHELLE 11414 175TH ROAD JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERS, ANGIE 10298 TRAILWOOD CIRCLE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEDMAN, GAIL 12867 186 STREET NORTH JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/04-501052-7312-50

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02/02/04-80052-001 61.25

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: Carol Keating Carol E. Keating 1/27/04 561-748-5749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #