

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90030 046 ****61.25

DOCUMENT # N97000005938

1. Corporation Name

CALVARY CHAPEL OF JUPITER, INC.

Principal Place of Business

**403 MIRAMAR
PALM BEACH GARDENS FL 33418**

Mailing Address

**403 MIRAMAR
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business

21 12925 159th Ct N.

2a. Mailing Address

26 12925 159th Ct N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jupiter FL

City & State

28 Jupiter FL

Zip

24 33478

Country

25 USA

Zip

29 33478

Country

30 USA

3. Date Incorporated or Qualified

10/21/1997

4. FEI Number

65-0788249

Applied For.

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

DAVIDSON, TIMOTHY

**1903 SOUTH CONGRESS AVENUE SUITE 160
BOYNTON BEACH FL 33426**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D PLOURDE, DONALD**
STREET ADDRESS **403 MIRAMAR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ DELETE

NAME **D DAVIS, MARK**
STREET ADDRESS **2800 GATEWAY DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE

NAME **D DAVIDSON, TIMOTHY**
STREET ADDRESS **1903 SOUTH CONGRESS AVENUE SUITE 160**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ DELETE

NAME **D MIMMS, CARL**
STREET ADDRESS **2900 GATEWAY DRIVE**
CITY-ST-ZIP **POMPANO BCH FL 33021**

TITLE ☐ DELETE

NAME **D CHINELLY, JOHN**
STREET ADDRESS **2900 GATEWAY LN**
CITY-ST-ZIP **POMPANO BCH FL 33021**

TITLE ☐ DELETE

NAME **D YEBBA, SCOTT**
STREET ADDRESS **403 MIRAMAR LN**
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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: **D. MIMMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Mar 99 561-949-6367

Date

Daytime Phone #

CR2E037 (11/98)