

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005938

1. Entity Name

CALVARY CHAPEL OF JUPITER, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90110 037 ****61.25

Principal Place of Business	Mailing Address
12925 159TH CT. N. JUPITER FL 33478	12925 159TH CT. N. JUPITER FL 33478-6632

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	- Zip	Country

4. FEI Number	Applied For
65-0788249	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DAVIDSON, TIMOTHY 1903 SOUTH CONGRESS AVENUE SUITE 160 BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	PLOURDE, DONALD
STREET ADDRESS	403 MIRAMAR
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, MARK
STREET ADDRESS	2800 GATEWAY DRIVE
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIDSON, TIMOTHY
STREET ADDRESS	1903 SOUTH CONGRESS AVENUE SUITE 160
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	D <input type="checkbox"/> Delete
NAME	MIMMS, CARL
STREET ADDRESS	2900 GATEWAY DRIVE
CITY-ST-ZIP	POMPANO BCH FL 33021
TITLE	D <input type="checkbox"/> Delete
NAME	CHINELLY, JOHN
STREET ADDRESS	2900 GATEWAY LN
CITY-ST-ZIP	POMPANO BCH FL 33021
TITLE	D <input type="checkbox"/> Delete
NAME	YEBBA, SCOTT
STREET ADDRESS	403 MIRAMAR LN
CITY-ST-ZIP	PALM BCH GARDENS FL 33418

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED CEO 14 Apr 00 581747636?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)