

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005938

1. Entity Name

CALVARY CHAPEL OF JUPITER, INC.

FILED

Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90096 001 ****61.25

Principal Place of Business

Mailing Address

12925 159TH CT. N.
JUPITER FL 33478

12925 159TH CT. N.
JUPITER FL 33478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0788249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON, TIMOTHY
1903 SOUTH CONGRESS AVENUE SUITE 160
BOYNTON BEACH FL 33426

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Yebba

1/8/02

561 863-0006

Date

Daytime Phone #

CR2E037 (9/01)