

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90015 017 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                     |                                                                                                                                                                                                                    |                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 700440</b><br>1. Entity Name<br>JENSEN BEACH COMMUNITY CHURCH, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                     |                                                                                                                                                                                                                    |  |                                                                              |
| Principal Place of Business<br>3900 NE SKYLINE DR<br>JENSEN BCH, FL 34957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                     | Mailing Address<br>3900 NE SKYLINE DR<br>JENSEN BCH, FL 34957                                                                                                                                                      |                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | 3. Mailing Address                                                                  |                                                                                                                                                                                                                    |                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                    |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | City & State                                                                        |                                                                                                                                                                                                                    |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                    | Zip                                                                                 | Country                                                                                                                                                                                                            | 4. FEI Number<br>59-6143899                                                       |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                     |                                                                                                                                                                                                                    | \$8.75 Additional Fee Required                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>RIBER, LAURIE<br>1852 NE CRABTREE LN<br>9603 S. INDIAN RIVER DR.<br>FORT PIERCE, FL 34982                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <u>Cheney, Lorraine</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1694 NW Spruce Ridge Drive</u><br>City <u>Jensen Beach</u> FL <u>34957</u> |                                                                                   |                                                                              |
| 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 <u>Lorraine L. Cheney</u> <u>Lorraine Cheney, Moderator</u> <u>4/15/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                     |                                                                                                                                                                                                                    |                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                    | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                     |                                                                                                                                                                                                                    |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                       |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PVD<br>RIBER, LAURIE<br>9603 S. INDIAN RIVER DR.<br>FORT PIERCE, FL 34982  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | PV<br>CHENEY, LORRAINE<br>1694 NW Spruce Ridge Dr.<br>Jensen Beach FL 34957       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>HUDSON, MARILYN<br>2002 SE PYRAMID RD.<br>PORT SAINT LUCIE, FL 34952 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | S<br>HUDSON, MARILYN<br>2002 SE PYRAMID RD.<br>Port SAINT LUCIE FL 34952          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>SCHWERIN, TAMMY<br>447 SE ASHBURY LANE<br>PORT SAINT LUCIE, FL 34983  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | T<br>SCHWERIN, TAMMY<br>447 SE ASHBURY LN<br>PORT SAINT LUCIE FL 34983            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>LOPILATS, SUZANNE<br>1140 NE MARTIN AVE.<br>JENSEN BEACH, FL 34957    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | D<br>LOPILATO, SUSANNE<br>1140 NE MARTIN AVE<br>JENSEN BEACH FL 34957             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                            | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | D<br>RIBER, LAURIE<br>9603 S. INDIAN RIVER DR.<br>FORT PIERCE FL 34982            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                            | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | D<br>BRANCH, MERRILL<br>4616 NW REDBANK CIR.<br>JENSEN BEACH FL 34957             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lorraine L. Cheney</u> <u>Lorraine Cheney</u> <u>4/15/08</u> <u>7723340714</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                     |                                                                                                                                                                                                                    |                                                                                   |                                                                              |

# ATTACHMENT

40099334

## JENSEN BEACH COMMUNITY CHURCH LEADERSHIP MINISTRY TEAM

# 700440

2008

### President/Vice President

Lorraine Cheney  
1694 NW Spruce Ridge Drive  
Jensen Beach FL 34957

### Secretary

Marilyn Hudson  
2002 SE Pyramid Road  
Port Saint Lucie FL 34952

### Treasurer

Tammy Schwerin  
447 SE Asbury Lane  
Port Saint Lucie FL 34983

### Director

Susanne Lopilato  
1140 NE Martin Avenue  
Jensen Beach FL 34957

### Director

Laurie Riber  
9603 S. Indian River Drive  
Fort Pierce FL 34982

### Director

Merrill Branch  
4616 NW Redbay Circle  
Jensen Beach FL 34957

### Director

Joe Birt  
116 Las Olas  
Jensen Beach FL 34957

### Director

Mike Groom  
934 NE Dahoon Terrace  
Jensen Beach FL 34957

### Director

Judy Tagler  
539 Lima Vias  
Jensen Beach FL 34957