


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90050 026 \*\*\*\*61.25

<b>DOCUMENT # 713193</b> 1. Entity Name <b>JUPITER-TEQUESTA ATHLETIC ASSOCIATION, INC.</b>					
Principal Place of Business P O BOX 3024 TEQUESTA, FL 33469 US			Mailing Address PO BOX 3024 TEQUESTA, FL 33469 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>65-0016849</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04022008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>PATRICK CRAIG</b> <i>Sheril Jalm</i> <b>6068 LUCERNE ST.</b> <i>9667 Whippoorwill Tr.</i> <b>JUPITER, FL 33458</b> <i>Jupiter, FL 33478</i>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Sheril Jalm</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4-2-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICK, CRAIG 6068 LUCERNE ST. JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sheril Jalm 9667 Whippoorwill Tr. Jupiter, FL 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTAR, DAVID 1217 CHOCTAW ST. JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer 6568 Wood Lake Rd. Jupiter, FL 33458 "Marianne Caspar"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JALM, SHERIL 9667 WHIPPOORWILL TRAIL JUPITER, FL 33478	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Troy Holloway 1907 Commerce Ln. Ste 101 Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICKS, CHRIS 18854 BIG CYPRESS JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dan Guisinger 168 Tuscan Cir Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALLADINO, RON 136 GOTHIC CIR. JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cindy Giles 15867 113th Dr. N. Jupiter, FL 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input 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: <i>Sheril Jalm</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4-2-07</b> <small>Date Daytime Phone #</small>		