2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # 713193 1. Entity Name JUPITER-TEQUESTA ATHLETIC ASSOCIATION, INC. | | | | | | | | 04-07-2008 | 90050 02 | 26 ****61 | .25 |
|---|---|---|--------------------------|------------------------------|---|--|--|--|--|---|------------------------------------|
| Principal Place P O BOX 302 TEQUESTA, F | PO BOX 3 | Mailing Address PO BOX 3024 TEQUESTA, FL 33469 US | | | | 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 | | | 11 811 B e 3 881 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | <u> </u> | 04022008 | Chg-NP | CR2E03 | 7 (12/06) | |
| City & State | | | City & State | | | | 4. FEI Number 65-0016 | | | → | plied For t Applicable |
| Zip Country | | Zip | | Cou | untry | | | \$8.75 Add Fee Required | | | |
| | 6. Name | and Address of Current | Registered Ag | ent ' | | | 7. Name and | Address of New F | Registered A | Agent | <i>-</i> . |
| | | Sheril To | ılm | | | Name | · | | | | |
| PATRICK CRAIG Sheril Journ | | | | | <u></u> | Street Address | s (P.O. Box Numbe | r is Not Accentable | <u>.</u> | | |
| OCCUPATION OF THE ST. 9667 Whippoorwill TO TUPITER, FL 33458 JUPITER, FL 33478 | | | | | ٠. | Street Address | s (i .O. Dox ivallibe | i is two Acceptable | | | |
| 00 | | Jobuel. | FL 33 | 4.18 | | | | | | | |
| | | | | | | City | | | FL | Zip Code | ₽ |
| 8. The above | named entity | submits this statement for | or the purpose o | f changing its | register | ı ed office or regisi | tered agent, or both | n, in the State of Fl | orida. Lam i | familiar with, | and accept |
| the obligat | tions of registe | red agent. | 1 | | _ | | - | | | | |
| Sher() falm 4-2-07 | | | | | | | | | | | |
| SIGNATURE . | SIGNATURE | | | | | | | | | | |
| | Signature, typeo | or printed name of registered a ģe nt | and title if applicable. | (NOTE | :: Hedizièle | ka wasaur sidusima teda | | | UALE | | |
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12. Thereby certify that the information supplied with this him goes 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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Daytime Phone #