


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90022 046 \*\*\*\*61.25

<b>DOCUMENT # 730671</b> 1. Entity Name <b>WESLEY CHAPEL OF JUPITER, INC.</b>	
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Principal Place of Business <b>605 MILITARY TRAIL JUPITER FL 33458</b>	Mailing Address <b>605 MILITARY TRAIL JUPITER FL 33458</b>
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # <b>605 Military Trail</b> Suite, Apt. #, etc.	3. Mailing Address <b>605 Military Trail</b> Suite, Apt. #, etc.
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City & State <b>Jupiter, FL</b>	City & State <b>Jupiter, FL</b>
Zip <b>33458</b>	Zip <b>33458</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>23-7403867</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HALSTEAD, BEVERLY J 9125 SE MORNING ST HOBE SOUND FL 33455</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CPTD</b> <input type="checkbox"/> Delete <b>FLORA, RICHARD</b> <b>13408 SE FLORA AVE.</b> <b>HOBE SOUND FL 33455</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>MALONE, PAUL D</b> <b>9175 SE MORNING ST</b> <b>HOBE SOUND FL 33455</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <input type="checkbox"/> Delete <b>HALSTEAD, GLENN S</b> <b>9125 SE MORNING ST</b> <b>HOBE SOUND FL 33455</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BLOWERS, BEATRICE F</b> <b>69 WEST AVENUE</b> <b>WELLSBORO PA 16901</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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:** Glenn S Halstead **Glenn Halstead** 2/23/07 (772) 545-3673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: the Phone #