


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 730671 1. Entity Name WESLEY CHAPEL OF JUPITER, INC. |  |
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| Principal Place of Business 605 MILITARY TRAIL JUPITER, FL 33458 | Mailing Address 605 MILITARY TRAIL JUPITER, FL 33458 |
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 23-7403867 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HALSTEAD, BEVERLY J
 9125 SE MORNING ST
 HOBE SOUND, FL 33455

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|-----------------------------|
| Filing Fee is \$81.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CPTD FLORA, RICHARD 13408 SE FLORA AVE. HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MALONE, PAUL D 9175 SE MORNING ST HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD HALSTEAD, GLENN S 9125 SE MORNING ST HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BLOWERS, BEATRICE F 69 WEST AVENUE WELLSBORO, PA 16901 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 04/02/08-80069-015 61.25

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: *Be Jm* 3/9/2008 772-399-3766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #