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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739156 (8)

1. Corporation Name:

**COMMUNITY CHRISTIAN ASSEMBLY OF GOD OF JUPITER/
EQUESTA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**100 S. PENNOCK LANE
JUPITER FL 33458** **100 S. PENNOCK LANE
JUPITER FL 33458**

3. Date Incorporated or Qualified **05/25/1977** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-1874899** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Funds Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ yes ☒ No

9. Name and Address of Current Registered Agent

**VOLPE, ROBERT M.
1202 SILVERLEAF OAK COURT
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Robert M. Volpe

(If the Registered Agent is not the President, Secretary, or Treasurer, the signature of the Registered Agent must be accompanied by a power of attorney.)

5-15-95

12. OFFICERS AND DIRECTORS

12.1 NAME	D THOMAS, LARRY
12.2 STREET ADDRESS	6508-F CHASEWOOD NORTH
12.3 CITY, ST., ZIP	JUPITER FL
12.4 NAME	PD VOLPE, ROBERT M.
12.5 STREET ADDRESS	1202 SILVERLEAF OAK CT.
12.6 CITY, ST., ZIP	PALM BEACH GARDNS FL
12.7 NAME	SD EVERETT, RALPH
12.8 STREET ADDRESS	8039 SE RIVER'S EDGE ST.
12.9 CITY, ST., ZIP	JUPITER, FL 00000
12.10 NAME	TD ENGEL, ROBERT
12.11 STREET ADDRESS	6544-A CHASEWOOD DR., N.
12.12 CITY, ST., ZIP	JUPITER FL
12.13 NAME	D MC CANN, TIMOTHY
12.14 STREET ADDRESS	3265 BERMUDA ROAD
12.15 CITY, ST., ZIP	LAKE PARK FL
12.16 NAME	D ALLEN, JOHN
12.17 STREET ADDRESS	15646 ALEXANDER RUN
12.18 CITY, ST., ZIP	JUPITER F

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR TREASURERS

13.1 NAME		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST., ZIP		☐ Change ☐ Addition
13.5 NAME		
13.6 STREET ADDRESS		
13.7 CITY, ST., ZIP		☐ Change ☐ Addition
13.8 NAME		
13.9 STREET ADDRESS		
13.10 CITY, ST., ZIP		☐ Change ☐ Addition
13.11 NAME		
13.12 NAME		
13.13 STREET ADDRESS		
13.14 CITY, ST., ZIP		☐ Change ☒ Addition
13.15 NAME	R/D JAMES Collins	
13.16 NAME	2462 S. W. Danberry	
13.17 STREET ADDRESS	Palm City, FL	
13.18 CITY, ST., ZIP	34990	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert M. Volpe

ROBERT M. VOLPE

5-15-95

407-746-7962

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Signature Number