

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90283 046 \*\*\*\*61.25

0036612

**DOCUMENT # 739156**

1. Entity Name

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

Principal Place of Business

Mailing Address

**100 S. PENNOCK LANE  
JUPITER FL 33458****100 S. PENNOCK LANE  
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1874899**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**VOLPE, ROBERT M.  
903 OAK CIR  
JUPITER FL 33458**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **EIDSON, ROBERT**  
STREET ADDRESS **17114 123RD TERR N**  
CITY-ST-ZIP **JUPITER FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **VOLPE, ROBERT M.**  
STREET ADDRESS **903 OAK CIR**  
CITY-ST-ZIP **JUPITER FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **HANNIFORD, EARL**  
STREET ADDRESS **11277 153RD RD N**  
CITY-ST-ZIP **JUPITER FL 33478**TITLE ☐ Change ☒ Addition  
NAME **GREG KEY**  
STREET ADDRESS **135 PINE HAMMOCK COURT**  
CITY-ST-ZIP **JUPITER FL 33458**TITLE **D** ☐ Delete  
NAME **MC COAN, TIMOTHY**  
STREET ADDRESS **3265 BERMUDA RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33410**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **GIRNIS, RON**  
STREET ADDRESS **18294 JUPITER LANDINGS DRIVE**  
CITY-ST-ZIP **JUPITER FL 33458**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **DREIL, LANCE**  
STREET ADDRESS **15313 CITRUS GROVE BLVD**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**ROBERT M. VOLPE****2-19-02 (561) 746-7962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)