

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 755683

1. Entity Name
SONFEST CHAPEL OF JUPITER, INC.



Principal Place of Business
**12265 INDIANTOWN ROAD
JUPITER, FL 33478 US**

Mailing Address
**12265 INDIANTOWN RD
JUPITER, FL 33478 US**



03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1708150

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

**PENNELL, STEVEN
12265 INDIAN TOWER RD
JUPITER, FL 33478**

**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 \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1101000096872
03/26/04 00020 005 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PRENDERGAST, ROB
17378 SENTIMENTAL JOURNEY
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NETTLES, RALPH
17265 JUPITER FARMS ROAD
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PENNELL, STEVEN
12265 INDIANTOWN RD
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
NETTLES, ROXANNE
17265 JUPITER FARMS RD.
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04 561-744-6199