

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

|                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 755683</b><br>1. Entity Name<br>SONFEST CHAPEL OF JUPITER, INC. |  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>12265 INDIANTOWN ROAD<br>JUPITER, FL 33478 US | Mailing Address<br>12265 INDIANTOWN RD<br>JUPITER, FL 33478 US |
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03042005 No Cl.g-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1708150 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

**6. Name and Address of Current Registered Agent**

PENNEL, STEVEN  
12265 INDIAN TOWN 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 \_\_\_\_\_ NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

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03/14/05 00000 013 01.25

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                                         |
|----------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PRENDERGAST, ROB<br>17378 SENTIMENTAL JOURNEY<br>JUPITER, FL 33458 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>NETTLES, RALPH<br>17265 JUPITER FARMS ROAD<br>JUPITER, FL 33478    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>PENNELL, STEVEN<br>12265 INDIANTOWN RD<br>JUPITER, FL 33478       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>NETTLES, ROXANNE<br>17265 JUPITER FARMS RD.<br>JUPITER, FL 33478   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ORTIZ, RON<br>11338 154TH RD. N<br>JUPITER, FL 33478               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** Roxanne Nettles 3/8/05 561/744-6199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #