2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 755683

1. Entity Name
SONFEST CHAPEL OF JUPITER, INC.

Principal Place of Business	Mailing Address
12265 INDIANTOWN ROAD JUPITER, FL 33478 US	12265 INDIANTOWN RD JUPITER, FL 33473 US

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01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1708150

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENNELL, STEVEN
12265 INDIAN TOWN RD
JUPITER, FL 33478

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

100000043371
03/02/06 80023-002 61.25

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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: Roxanne Nettles 2/13/06 561-744-6179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #