

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756526 (0)

1. Corporation Name
JUPITER FARMS COMMUNITY CHURCH, INC.



Principal Place of Business: 12600 W INDIANTOWN RD JUPITER FL 33478-1678
Mailing Address: 12600 W INDIANTOWN RD JUPITER FL 33478-1678

3. Date Incorporated or Qualified: 02/26/1981
3a. Date of Last Report: 08/31/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2470029	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	Country		Country		Trust Fund Contribution	<input type="checkbox"/>
24	24. Zip	29	29. Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

ESKUCHEN, MARTHA
1100 SIOUK STREET
JUPITER FL 33458

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS BROWN, SCOTTIE 17956 TAYLOR RD., UNIT C JUPITER, FL 00000	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		1.2 NAME	PD Clifford Donaldson
STREET ADDRESS		1.3 STREET ADDRESS	12600 W. Indiantown Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jupiter FL 33478
TITLE	D SADOW, HARVEY 9540 QUAIL TR. JUPITER FL	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD VPD ESKUCHEN, MARTHA 1100 SIOUK STREET JUPITER FL 33458	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BARON, JOHN 21653 NW 161ST ST. JUPITER, FL	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD BROWN, TIPPINI 17956 TAYLOR RD. UNIT C JUPITER FL 33478	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD ESKUCHEN, BOB 1100 SIOUX STREET JUPITER FL 33458	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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(3)(k), Florida Statutes. I further certify that the information indicated 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 or 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: *Martha S. Eskuchen* (407) 622-6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Martha S. Eskuchen Vice President 5/12/96
Date: 5/12/96 Daytime Phone #

CR2E037 (12/95)