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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756526

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



2. Principal Place of Business

21 12600 W INDIANTOWN RD

2a. Mailing Address

26 12600 W INDIANTOWN RD

3. Date Incorporated or Qualified

02/26/1981

Suite, Apt. #, etc.

22 City & State

23 JUPITER FL

Suite, Apt. #, etc.

27 City & State

28 JUPITER, FL

4. FEI Number

59-2470029

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

33478-4678 25 USA

29 Zip Country

30 33478-4678 30 USA

6. Election Campaign Financing

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DR CLIFFORD M DONALDSON
18221 N 125TH AVE
JUPITER FL 33458

81 Name DR CLIFFORD M DONALDSON

82 Street Address (P.O. Box Number is Not Acceptable)
18221 N 125th AVE

83

84 City JUPITER FL 85 Zip Code 33478

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

2-25-1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME KATHY COLMAUGH
STREET ADDRESS 5966 LOXAHATCHEE PINES RD
CITY-ST-ZIP JUPITER, FL 00000

TITLE PD
NAME DONALDSON, CLIFFORD
STREET ADDRESS 12600 W. INDIANTOWN RD.
CITY-ST-ZIP JUPITER FL

TITLE D
NAME CRAIG JONES
STREET ADDRESS 17547 N 133RD TRAIL
CITY-ST-ZIP JUPITER FL

TITLE SD
NAME ROGER L MEYERS
STREET ADDRESS 15718 121ST TERR N
CITY-ST-ZIP JUPITER, FL

TITLE D
NAME TAYLOR, PATRICK
STREET ADDRESS 16329 ALEXANDER RUN
CITY-ST-ZIP JUPITER FL 33478

TITLE D
NAME HAYTON, BOB
STREET ADDRESS 17971 MGLLEN LANE
CITY-ST-ZIP JUPITER FL 33478

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME MURPHY, DENISE
1.3 STREET ADDRESS 10827 153rd COURT N
1.4 CITY-ST-ZIP Jupiter, FL 33478

2.1 TITLE D
2.2 NAME SPITZER, BOB
2.3 STREET ADDRESS 13018 N. 157th CT.
2.4 CITY-ST-ZIP JUPITER, FL 33478

3.1 TITLE D
3.2 NAME DONALDSON, KIRSTI
3.3 STREET ADDRESS 18221 N. 125th AVE.
3.4 CITY-ST-ZIP JUPITER, FL 33478

4.1 TITLE D
4.2 NAME RHODES, SCOTT
4.3 STREET ADDRESS 16076 N. 126th TERR.
4.4 CITY-ST-ZIP JUPITER, FL 33478

5.1 TITLE D
5.2 NAME TEEL, PAT
5.3 STREET ADDRESS 16823 127th DR N.
5.4 CITY-ST-ZIP JUPITER, FL 33478

6.1 TITLE V
6.2 NAME HAYTON, BOB
6.3 STREET ADDRESS 17971 MELLEN LANE
6.4 CITY-ST-ZIP JUPITER FL 33478

14. 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 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, with all other like empowered.

SIGNATURE:

DR CLIFFORD M. DONALDSON 2-25-1999 561-747-5379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)