

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756526

1. Entity 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

(SAME)

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2470029

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

(SAME)

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2001

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE D ☒ Delete  
NAME SPITZER, BOB  
STREET ADDRESS 13018 N. 157TH CT  
CITY-ST-ZIP JUPITER FL 33478

TITLE S ☐ Delete  
NAME MURPHY, DENISE  
STREET ADDRESS 10827 153RD CT  
CITY-ST-ZIP JUPITER, FL 33478

TITLE D ☐ Delete  
NAME HADAD, DOROTHY  
STREET ADDRESS 16873 131ST WAY N  
CITY-ST-ZIP JUPITER FL 33478

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2001

561 747 5379

Date

Daytime Phone #

CR2E037 (10/00)

0055295

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90008 030 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE