2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90167 039 ****70.00

DOCUMENT # 756526

1. Entity Name
JUPITER FARMS COMMUNITY CHURCH, INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
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 33478	Name 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Clifford M. Donaldson 02/04/2003
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KATHY COLMAUGH 5966 LOXAHATCHEE PINES RD JUPITER FL 33458-4408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KATHY LOLMAUGH 5966 LOXAHATCHEE PINES DR. JUPITER - FL - 33458-4408 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDCM DONALDSON, CLIFFORD M 18221 125TH AVE NORTH JUPITER FL 33478-3747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EDWARD THOMPSON 18949 ROBERT DR SE. TEQUESTA, FL 33469-1652 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BACHE, RICHARD 15694 92ND WAY NORTH JUPITER, FL 33478	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TISHA SPITZER 13018 157 th COURT N. JUPITER, FL 33478-8581 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEEL, PATRICIA 16823 127TH DRIVE NORTH JUPITER FL 33478-6077	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAMMY JAUFMANN 15775 136 th TERR. N. JUPITER, FL 33478-8540 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAYTON, BOB 17971 MGLLEN LANE JUPITER FL 33478	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALDSON, KIRSTI 18221 125TH AVE NORTH JUPITER FL 33478-3747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ REQUIRED Clifford M. Donaldson 02/09/03 561-747-5379
FILING OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #