

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764055

FILED
Jan 21, 2009
Secretary of State

Entity Name: JUPITER - TEQUESTA REPEATER GROUP, INC.

Current Principal Place of Business:

920 POMPANO DR
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7751
JUIPTER, FL 334687751 US

New Mailing Address:

FEI Number: 65-0141235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUMBUS, JERRY
920 POMPANO DR
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORESCHAD, ALBERT F
Address: 11826 154 RD N
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: ELLER, C. CRAIG
Address: 552 ROOKERY PLACE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MCGOVERN, PETE
Address: 15391 71 ST DR N
City-St-Zip: WEST PALM BEACH, FL 33418

Title: VD () Delete
Name: COOK, BOBBY R
Address: 505 DELAWARE BLVD
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MCDOW, TIM S
Address: 18890 BLACK GUM CT
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: STOWE, MICHAEL S
Address: 144 PENNOCK TRACE DRIVE
City-St-Zip: JUPITER, FL 33458 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. STOWE

T

01/21/2009

Electronic Signature of Signing Officer or Director

Date