


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90028 026 ****70.00

| | | | | | |
|--|--------------------------------|---|--|---|--|
| DOCUMENT # 767999 1. Entity Name JUPITER PRESBYTERIAN & REFORMED COVENANT CHURCH, INC. | | | |  | |
| Principal Place of Business 110 PARK STREET JUPITER, FL 33458 | | | Mailing Address 9363 WHIPPOORWILL TRAIL JUPITER, FL 33478 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2290150 | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent BULL, RONALD D. 9363 WHIPPOORWILL TRAIL JUPITER, FL 33478 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | FD | <input type="checkbox"/> Delete | | | |
| NAME | BULL, RONALD D | | | | |
| STREET ADDRESS | 9363 WHIPPOORWILL TRAIL | | | | |
| CITY-STATE-ZIP | JUPITER, FL | | | | |
| TITLE | VPD | <input type="checkbox"/> Delete | | | |
| NAME | BULL, CHAD R | | | | |
| STREET ADDRESS | 9363 WHIPPOORWILL TRAIL | | | | |
| CITY-STATE-ZIP | JUPITER, FL 33478 | | | | |
| TITLE | STD | <input type="checkbox"/> Delete | | | |
| NAME | BERESFORD, THOMAS | | | | |
| STREET ADDRESS | 12328 86TH RD., N. | | | | |
| CITY-STATE-ZIP | WEST PALM BEACH, FL | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | BULL, CHAD R. | | | | |
| STREET ADDRESS | 2015 S.E. 27TH DR. | | | | |
| CITY-STATE-ZIP | HOMESTEAD, FL 33035 | | | | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | BERESFORD, THOMAS | | | | |
| STREET ADDRESS | 312 ROCKWOOD DR. | | | | |
| CITY-STATE-ZIP | PAINEVILLE, OH 44077 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-STATE-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ronald D. Bull</u> 4/3/07 561-745-2429 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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