

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90013 048 ****61.25

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1. Entity Name

JUPITER TEQUESTA SUNRISE ROTARY CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

1001 N. US HWY. 1, STE. 304
JUPITER FL 33477

Mailing Address

PO BOX 3643
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

P.O. Box 3643

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tequesta - ~~Jupiter~~, FL 33469

Zip

Country

33469

USA

4. FEI Number

65-0288561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERROCAL, CARLOS J
801 MAPLEWOOD DR., STE. 22-A
JUPITER FL 33458**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE D ☒ Delete
NAME FRIEDKIN, RICHARD
STREET ADDRESS 10221 HERON WOOD LN.
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE D ☒ Delete
NAME BECKETT, TOM
STREET ADDRESS 185 E INDIANTOWN RD #114
CITY-ST-ZIP JUPITER FL 33477

TITLE D ☒ Delete
NAME JOHNSON, CHRISTINA
STREET ADDRESS 601 H MUIRFIELD CT
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME *Christina*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Christopher B. Marsh*
STREET ADDRESS *P.O. Box 3643*
CITY-ST-ZIP *Tequesta, FL 33469*

TITLE ☐ Change ☒ Addition
NAME *William Magrogan*
STREET ADDRESS *P.O. Box 3643*
CITY-ST-ZIP *Tequesta, FL 33469*

TITLE ☐ Change ☒ Addition
NAME *David Barth*
STREET ADDRESS *P.O. Box 3643*
CITY-ST-ZIP *Tequesta, FL 33469*

TITLE ☐ Change ☐ Addition
NAME
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: *David Barth, Treasurer* **2/9/04** **561-747-6634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #