

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011889

FILED
Apr 20, 2007
Secretary of State

Entity Name: JUPITER NOSERIDERS FOUNDATION, INC.

Current Principal Place of Business:

335 FLAGLER BLVD.
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

335 FLAGLER BLVD.
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEETON, WILLIAM C
335 FLAGLER BLVD.
LAKE PARK, FL 33403 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: D () Delete
Name: ARNOLD, THOMAS M
Address: 20 BEVERLY ROAD EAST
City-St-Zip: JUPITER, FL 33469

Title: D () Delete
Name: MURRY, FRANK D
Address: 19146 SE HOMEWOOD
City-St-Zip: JUPITER, FL 33469

Title: D () Delete
Name: MITCHELL, DAVID
Address: 510 WILLET AVE.
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: KEETON, WILLIAM C
Address: 335 FLAGLER BLVD.
City-St-Zip: LAKE PARK, FL 33403

Title: D () Delete
Name: SCOTTEN, JOHN
Address: 10945 SE HARKEN TERR.
City-St-Zip: JUPITER, FL 33469

Title: D (X) Delete
Name: MCDOW, JAMES
Address: 403 W. RIVERSIDE DR.
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM KEETON

D

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date