

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08073

FILED
Feb 05, 2004
Secretary of State**Entity Name:** JUPITERFIRST CHURCH, INC.**Current Principal Place of Business:**1475 INDIAN CREEK PKWY. (33458)
JUPITER, FL 33458**New Principal Place of Business:****Current Mailing Address:**1475 INDIAN CREEK PKWY. (33458)
JUPITER, FL 33458**New Mailing Address:****FEI Number:** 59-2500182**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JOHNSON, BARRY L DR.
1475 INDIAN CREEK PARKWAY
JUPITER, FL 33478 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: JOHNSON, BARRY L
Address: 5900 RIVER ISLE DR
City-St-Zip: JUPITER, FL 33458**Title:** D () Delete
Name: KAISER-CROSS, DAVID
Address: 10326 N 158TH ST
City-St-Zip: JUPITER, FL 33478**Title:** S () Delete
Name: HATFIELD, LYNN
Address: 56 MAPLECREST CIR
City-St-Zip: JUPITER, FL 33458**Title:** T () Delete
Name: ARENT, RUSS
Address: 6007 WINDING LAKE DR
City-St-Zip: JUPITER, FL 33458**Title:** C () Delete
Name: HARRIS, MICHAEL
Address: 150 BEACON LANE
City-St-Zip: TEQUESTA, FL 33469**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: KAISER-CROSS, DAVID
Address: 6586 PINELOCH CT.
City-St-Zip: JUPITER, FL 33458**Title:** S (X) Change () Addition
Name: HATFIELD, LYNN
Address: 12749 SE CASCADES CT.
City-St-Zip: HOBE SOUND, FL 33455**Title:** () Change () Addition
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 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 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: LYNN C HATFIELD

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02/05/2004

Electronic Signature of Signing Officer or Director

Date