




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90022 014 ****61.25

DOCUMENT # N33140					
1. Entity Name JUPITER MEDICAL CENTER FOUNDATION, INC.					
Principal Place of Business % BRUCE G. HEARD 1210 SOUTH OLD DIXIE HWY. JUPITER, FL 33458			Mailing Address % BRUCE G. HEARD 1210 SOUTH OLD DIXIE HWY. JUPITER, FL 33458		
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 65-0132406	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEARD, BRUCE G. 1210 SOUTH OLD DIXIE HWY. JUPITER, FL 33458			Name CRISP, PETER O.		
			Street Address (P.O. Box Number is Not Acceptable)		
			1210 S. OLD DIXIE HIGHWAY		
			City JUPITER		FL Zip Code 33458
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 		Peter O. Crisp, Chairman		1/22/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee Is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GODOWN, S. BARRIE		NAME		
STREET ADDRESS	1061 E. INDIANTOWN ROAD, SUITE 104		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEMPE, JOSEPH C.		NAME		
STREET ADDRESS	941 NORTH HIGHWAY A1A		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, H. L		NAME		
STREET ADDRESS	1 ANGUS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PLEDGER, THOMAS R		NAME	CHAIRMAN	
STREET ADDRESS	16561 JUPITER FARMS RD		STREET ADDRESS	CRISP, PETER O.	
CITY-ST-ZIP	JUPITER, FL 33478		STREET ADDRESS	20 RIVERVIEW ROAD	
			CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRYAN, JOHN		NAME		
STREET ADDRESS	18777 SE RIVER RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEARD, BRUCE G		NAME		
STREET ADDRESS	1210 S. OLD DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-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: 		Peter O. Crisp, Chairman		1/22/08 (561) 745-5728	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	