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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35857

1. Corporation Name

CENTRAL BAPTIST CHURCH OF JUPITER, FLORIDA, INC.

Principal Place of Business

18477 LOXAHATCHEE RIVER ROAD
 JUPITER FL 33458
 US

Mailing Address

18477 LOXAHATCHEE RIVER ROAD
 JUPITER FL 33458
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/28/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

BAKER, MILDRED B
10479 157TH STREET, NO.
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MILDRED B	1.2 NAME	
STREET ADDRESS	10479 157TH ST., N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRUITT, EDWIN J	2.2 NAME	PLEDGISE, THOMAS
STREET ADDRESS	600 WELWOOD ROAD	2.3 STREET ADDRESS	16861 JUPITER FARMS ROAD
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	JUPITER FL 33478
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, BRENDA	3.2 NAME	ULMER, DONALD
STREET ADDRESS	8778 S.E. RIGDON WAY	3.3 STREET ADDRESS	7859 S.E. RIVERS EDGE STREET
CITY-ST-ZIP	HOBE SOUND FL 33455	3.4 CITY-ST-ZIP	JUPITER FL 33458
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE. *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 561.747.3293

Date

Daytime Phone #

CR2E037 (11/98)