


FILE NOW: FILING FEE IS \$61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49121** (9)  
1. Corporation Name  
**JUPITER RURAL RESIDENTS, INC.**



Principal Place of Business <b>9520 159TH COURT N. JUPITER FL 33478</b>	Mailing Address <b>9520 159TH COURT N. JUPITER FL 33478</b>
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3. Date Incorporated or Qualified <b>05/26/1992</b>	3a. Date of Last Report <b>08/03/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0358562</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARMAN, JEFF M  
10635 N 151ST AVE  
JUPITER FL 33478**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code <b>FL</b>
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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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURCK, JEFF</b>	1.2 NAME	<b>Burck, Jeff</b>
STREET ADDRESS	<b>9520 159TH CT. N.</b>	1.3 STREET ADDRESS	<b>9520 159th Ct. N</b>
CITY-ST-ZIP	<b>JUPITER FL</b>	1.4 CITY-ST-ZIP	<b>Jupiter, FL</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARMAN, JEFF M</b>	2.2 NAME	
STREET ADDRESS	<b>10635 N 151ST LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>9568 WHIPORWILL TR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASHION, CLARENCE</b>	4.2 NAME	
STREET ADDRESS	<b>17390 N 128TH TERR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, ED</b>	5.2 NAME	
STREET ADDRESS	<b>11150 N 154TH RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, LOIS</b>	6.2 NAME	
STREET ADDRESS	<b>17127 N THUNDER RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jeff M. Harman **Jeff M. Harman** 4-23-96 407-747-4365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

**Jupiter Rural Residents , Inc.**

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**DIRECTOR**  
**HICKMAN , NICHOLE**  
15360 118th Ter. N.  
Jupiter , fl. 33478

**DIRECTOR**  
**SPILLMAN , JIM**  
11152 159th Ct. N.  
Jupiter , fl. 33478

**DIRECTOR**  
**ETTARI , GEORGIA**  
12320 188th St. N.  
Jupiter , fl. 33478

**DIRECTOR**  
**RICE , JUDY**  
11150 154th Road N.  
Jupiter , fl. 33478

**DIRECTOR**  
**BELLAMY , JOHN**  
9477 Mockingbird Tr.  
Jupiter , fl. 33478