

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005396	
1. Entity Name THE FRIENDS OF JUPITER BEACH, INC.	

Principal Place of Business P.O. BOX 791 JUPITER, FL 33468-0791	Mailing Address P.O. BOX 791 JUPITER, FL 33468-0791
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

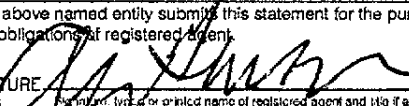
4. FEI Number 65-0625755	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LANKLER, ALEXANDER
88 W RIVERSIDE DR
JUPITER, FL 33469**

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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  **ALEXANDER LANKLER** DATE _____

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000057845
02/20/04 00005 024 61.25

10. OFFICERS AND DIRECTORS

TITLE D	NAME LANKLER, ALEXANDER
STREET ADDRESS 88 W. RIVERSIDE DR.	CITY-ST-ZIP JUPITER, FL 33469
TITLE PST	NAME TURNER, JOHN
STREET ADDRESS 16586 HAYNIE LANE	CITY-ST-ZIP JUPITER, FL 33478
TITLE D	NAME JONES, GEOFF
STREET ADDRESS 222 MOCCASIN TRAIL NORTH	CITY-ST-ZIP JUPITER, FL 33458
TITLE D	NAME ROSS, JOAN
STREET ADDRESS 237 E. RIVER PARK DR.	CITY-ST-ZIP JUPITER, FL 33477
TITLE D	NAME GIBBONS, LYNNE
STREET ADDRESS 224 LONGSHORE DR.	CITY-ST-ZIP JUPITER, FL 334582407
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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12. 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 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:  **ALEXANDER LANKLER** DATE **1/19/04** DAYTIME PHONE **361-748-8140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR