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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003316 (4)

1. Corporation Name

JUPITER FAITH FELLOWSHIP, INC.



Principal Place of Business 6572 E. CHASEWOOD DRIVE NO JUPITER FL 33458	Mailing Address 6572 E. CHASEWOOD DRIVE NO JUPITER FL 33458-8811
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2. Principal Place of Business 21 2610 26th Ct Jupiter FL 33477 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 2813 Jupiter FL 33468-2813 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/20/1996	3a. Date of Last Report 6-28-96
22 City & State 23 Jupiter Florida		27 City & State 28 Jupiter Florida		4. FEI Number 65-0678440	Applied For <input checked="" type="checkbox"/> Not Applicable
24 33477 25 U.S.		29 33468-2813 30 U.S.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 33477 25 U.S.		29 33468-2813 30 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent VAJTAY, SUSAN 6572 E. CHASEWOOD DRIVE NO JUPITER FL 33458		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

10. Name and Address of New Registered Agent 81 Name Robert J. Segalla 82 Street Address (P.O. Box Number is Not Acceptable) 2610 26th Court 83 84 City Jupiter FL 85 Zip Code 33477	
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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 Robert J. Segalla DATE 4-11-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SEGALLA, ROBERT J 25 WOODFERN STREET EDISON NJ 08820	1.1 TITLE	PRESIDENT D Robert J. Segalla
NAME	SEGALLA, ROBERT J	1.2 NAME	Robert J. Segalla
STREET ADDRESS	25 WOODFERN STREET	1.3 STREET ADDRESS	2610 26th Ct
CITY-ST-ZIP	EDISON NJ 08820	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	D SEGALLA, CATHERINE E 25 WOODFERN STREET EDISON NJ 08820	2.1 TITLE	Vice President D
NAME	SEGALLA, CATHERINE E	2.2 NAME	Catherine E. Segalla
STREET ADDRESS	25 WOODFERN STREET	2.3 STREET ADDRESS	2610 26th Ct.
CITY-ST-ZIP	EDISON NJ 08820	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	D HEWITT, CHARLES E 95 SAGE COURT BEDMINSTER NJ 07921	3.1 TITLE	
NAME	HEWITT, CHARLES E	3.2 NAME	
STREET ADDRESS	95 SAGE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEDMINSTER NJ 07921	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Robert J. Segalla DATE: 4-11-97 561-744-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)