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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90113 010 \*\*\*\*61.25

DOCUMENT # N96000003316

1. Corporation Name

JUPITER FAITH FELLOWSHIP, INC.

Principal Place of Business

2610 26TH CT.  
JUPITER FL 33477  
US

Mailing Address

P.O. BOX 2813  
JUPITER FL 33468-2813  
US



2. Principal Place of Business

21 12075 159th Ct N  
Suite, Apt. #, etc.

22 City & State  
Jupiter FL

23 Zip Country  
33478 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

65-0678440

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SEGALLA, ROBERT J  
2610 26TH COURT  
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name Robert J. Segalla  
82 Street Address (P.O. Box Number is Not Acceptable)  
12075 159th Ct N  
83  
84 City Jupiter FL 85 Zip Code

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 ☐ DELETE

TITLE PD  
NAME SEGALLA, ROBERT J  
STREET ADDRESS 2610 26TH CT.  
CITY-ST-ZIP JUPITER FL

TITLE VPD  
NAME SEGALLA, CATHERINE E  
STREET ADDRESS 2610 26TH CT.  
CITY-ST-ZIP JUPITER FL

TITLE D  
NAME HEWITT, CHARLES E  
STREET ADDRESS 2401 WINDER DR  
CITY-ST-ZIP BRIDGEWATER NJ 08807

TITLE D  
NAME GUASTELLA, JOHN F  
STREET ADDRESS 50 BEACH RD  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D  
NAME KERTSZ, WILLIAM  
STREET ADDRESS 26091 SW 95TH ST  
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE D  
5.2 NAME Kentesz William  
5.3 STREET ADDRESS 704 Pennock South  
5.4 CITY-ST-ZIP Jupiter, FL 33458

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Robert J. Segalla PD

1-18-98

561-744-8099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)