

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90679 001 ***122.50

0076404

DOCUMENT # N97000001809

1. Entity Name
JUPITER FARMS BAPTIST CHURCH, INC.

Principal Place of Business 12265 W. INDIANTOWN RD JUPITER FL 33478 US	Mailing Address 12265 W. INDIANTOWN RD JUPITER FL 33478 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13475 W. INDIANTOWN RD	3. Mailing Address 13475 W. INDIANTOWN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JUPITER	City & State JUPITER
Zip 33478	Zip 33478
Country US	Country US

4. FEI Number 65-0832599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HEWETT, FRED L
 17625 126 TERR. NORTH
 JUPITER FL 33478**

7. Name and Address of New Registered Agent

Name: **DAVID ALLISON**
 Street Address (P.O. Box Number is Not Acceptable): **13475 W. INDIANTOWN RD**
 City: **JUPITER** FL Zip Code: **33478**

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.

SIGNATURE: *David Allison* **DAVID ALLISON - TREASURER** DATE: **3/01/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CORNELIUS, WAYNE 15224 105TH DRIVE, NORTH JUPITER FL 33478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARNES, DONALD 13393 -154TH PL N. JUPITER FL 33478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEWETT, FRED L 17625 126 TERR. NORTH JUPITER FL 33478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Allison* **DAVID ALLISON** Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)