

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 026 ****61.25

DOCUMENT #N97000004932

1. Entity Name
**ORGANIZATION OF PARENTS AND TEACHERS OF
JUPITER FARMS COMMUNITY ELEMENTARY SCHOOL,
INC.**



Principal Place of Business
**17400 HAYNIE LANE
JUPITER, FL**

Mailing Address
**17400 HAYNIE LANE
JUPITER, FL**

40017271



DO NOT WRITE IN THIS SPACE

02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3465610	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

**KEATING, CAROL
11035 RANDOLPH SIDING ROAD
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

DEPARTMENT OF STATE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KELLEY, CINDY 13518 150TH CT, N JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCANTONIO, CHRIS 13078 169TH CT, N JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLIVE, PAM 12198 RANDOLPH SIDING RD. JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITCHEY, GRACE 17724 BRIAN'S WAY JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD melissa Fishbaugh 13883 152 Rd. N. Jupiter, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cindy Kelley 2/4/05 561-748-5749