
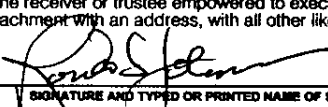


FD-1020

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90028 034 \*\*\*\*61.25

<b>DOCUMENT # N99000003749</b>					
1. Entity Name <b>THE JUPITER-TEQUESTA ROTARY FOUNDATION, INC.</b>					
Principal Place of Business <b>711 WEST INDIAN TOWN RD JUPITER, FL 33458</b>			Mailing Address <b>PO BOX 3118 TEQUESTA, FL 33469</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>31-1676150</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WILEY, ROY CPA 711 INDIAN TOWN RD JUPITER, FL 33477</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAN, WILLIAM		NAME		
STREET ADDRESS	5439 CICADA WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33418		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNEILL, GEORGE		NAME		
STREET ADDRESS	968 MARLIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, RONALD L		NAME	JOHNSON, RONALD L	
STREET ADDRESS	118 PRIBATEER CT.		STREET ADDRESS	113 TURTLE CREEK DR.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRODNER, JOHN DMD		NAME	STEVEN SCHAFER	
STREET ADDRESS	1305 SONOMA CT		STREET ADDRESS	463 SCHOOLHOUSE ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEINMETZ, STEVEN		NAME		
STREET ADDRESS	8501 SE BOY SCOUT RD.		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			1/25/08 561-747-3352		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40015141



01142008 Chg-NP CR2E037 (12/06)