

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30382** (8)

1. Corporation Name

PONTE VEDRA PRESBYTERIAN CHURCH, INC.



Principal Place of Business

Mailing Address

4510 PALM VALLEY RD
PONTE VEDRA BEACH FL 32082
US

P.O. BOX 1734
PONTE VEDRA BEACH FL 32004
US

3. Date Incorporated or Qualified
01/27/1989

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2926349

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, ALAN B.
224 CHANTAL COURT
PONTE VEDRA BEACH FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** DELETE
NAME **SCOTT, ALAN B.**
STREET ADDRESS **224 CHANTAL COURT**
CITY-ST-ZIP **PONTE VEDRA BCH. FL 32082**

TITLE **MD** DELETE
NAME **CARROL, DOUG**
STREET ADDRESS **106 WING OF NINA COURT**
CITY-ST-ZIP **PONTE VEDRA BCH. FL 32082**

TITLE **DR T** DELETE
NAME **HOADLEY, JEFF**
STREET ADDRESS **2403 THE WOODS DR EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** DELETE
NAME **HAMMACK, AL**
STREET ADDRESS **422 OSPREY POINT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **Director** DELETE **(Addition)**
NAME **John Guernsey**
STREET ADDRESS **12 Village Walk**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **D** DELETE **(Addition)**
NAME **Bill Morelock**
STREET ADDRESS **14404 Agua Vista Rd N.**
CITY-ST-ZIP **Jacksonville, FL 32224**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** Change Addition
NAME **Dr. J. Smith**
1.2 NAME
1.3 STREET ADDRESS **1277 Beach Ave**
1.4 CITY-ST-ZIP **Atlantic Beach, FL 32233**

2.1 TITLE **Director/Secretary** Change Addition
2.2 NAME **Edward Heale**
2.3 STREET ADDRESS **13826 Longs Landing Ad East**
2.4 CITY-ST-ZIP **Jacksonville, FL 32225**

3.1 TITLE **Director** Change Addition
3.2 NAME **Tom Fraser**
3.3 STREET ADDRESS **51 Fisherman's Cove**
3.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

4.1 TITLE **Director** Change Addition
4.2 NAME **Kent Steen**
4.3 STREET ADDRESS **121 North Cove Drive**
4.4 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

5.1 TITLE **Director** Change Addition
5.2 NAME **Rick Terry**
5.3 STREET ADDRESS **1822 Kings Way**
5.4 CITY-ST-ZIP **Neptune Beach FL 32266**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Alan B. Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/96

Date

285-8205

Daytime Phone #

CR2E037 (12/95)