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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
4510 PALM VALLEY RD
PONTE VEDRA BEACH FL 32082
US

Mailing Address
P.O. BOX 1734
PONTE VEDRA BEACH FL 32004-1734
US

3. Date Incorporated or Qualified 01/27/1989
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-2926349
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

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE D DELETE
NAME CARROL, DOUG
STREET ADDRESS 108 NINA COURT
CITY-ST-ZIP PONTE VEDRA BCH. FL

2.1 TITLE Change Addition
2.2 NAME STEEN, Kent
2.3 STREET ADDRESS 121 North Cove Drive
2.4 CITY-ST-ZIP Ponte Vedra Bch. FL

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

3.1 TITLE Change Addition
3.2 NAME Brown, David
3.3 STREET ADDRESS P.O. Box 2113
3.4 CITY-ST-ZIP Ponte Vedra Bch, FL (N/A)

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

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

TITLE D DELETE
NAME GUERNSEY, JOHN
STREET ADDRESS 12 VILLAGE WALK
CITY-ST-ZIP PONTE VERDE BCH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME MOREDOCK, BILL
STREET ADDRESS 14404 AQUA VISTA RD, N
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE Change Addition
6.2 NAME Goodman, Jerry
6.3 STREET ADDRESS 170 Glen Cove Place
6.4 CITY-ST-ZIP Ponte Vedra Bch, FL

14. I do 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.

SIGNATURE: *Alan B. Scott* REQUIRED Alan B. Scott 4-25-97 (904) 285-8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000069

CR2E037 (9/96)