

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30382 (8)**  
 1. Corporation Name  
**PONTE VEDRA PRESBYTERIAN CHURCH, INC.**



Principal Place of Business <b>4510 PALM VALLEY RD PONTE VEDRA BEACH FL 32082 US</b>	Mailing Address <b>P.O. BOX 1734 PONTE VEDRA BEACH FL 32004 US</b>
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3. Date Incorporated or Qualified <b>01/27/1989</b>
4. FEI Number <b>59-2926349</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

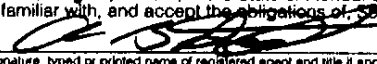
**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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:  DATE: **4/14/98**


**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCOTT, ALAN B.	
STREET ADDRESS	224 CHANTAL COURT	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEEN, KENT	
STREET ADDRESS	121 NORTH COVE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	P.O. BOX 2113 N/A	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMACK, AL	
STREET ADDRESS	422 OSPREY POINT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUERNSEY, JOHN	
STREET ADDRESS	12 VILLAGE WALK	
CITY-ST-ZIP	PONTE VERDE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, JERRY	
STREET ADDRESS	130 GLEN COVE PL.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:  DATE: **4/14/98 (904) 285-8225**

CR2E037 (10/97)