

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 022 ****61.25

DOCUMENT # *N30382* (last year's)

1. Entity Name

Ponte Vedra Presbyterian Church, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4510 Palm Valley Rd.

3. Mailing Address

P.O. Box 1734

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Ponte Vedra Beach FL

Ponte Vedra Beach FL

4. FEI Number

59-2926349

Applied For

Not Applicable

32082 USA

32084-1734 USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Randal Fairbanks*

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

Walker + Fairbanks

20 Ponte Vedra Drive Ste 200

Ponte Vedra Beach FL

Zip Code *32082*

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME *Charles Newman, President*
STREET ADDRESS *193 Lamplighter Lane*
CITY-ST-ZIP *Ponte Vedra Beach Fl 32082*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME *Cecil Patterson, Jr., Treasurer*
STREET ADDRESS *85 S. Roscoe Blvd*
CITY-ST-ZIP *Ponte Vedra Beach Fl 32082*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME *Jerry Goodman, Secretary*
STREET ADDRESS *130 Glen Cove Place*
CITY-ST-ZIP *Ponte Vedra Beach Fl 32082*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 on an attachment with an address, with all other like empowered.

904 285 8225

SIGNATURE: *Cecil Patterson Jr.* CECIL PATTERSON JR / TREASURER 4-30-02

CR2E037B (12/01)