

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30382

FILED
Feb 13, 2008
Secretary of State

Entity Name: PONTE VEDRA PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

4510 PALM VALLEY RD
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2926349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENN, MILTON
4510 PALM VALLEY RD
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

SHELDON, MACGILLIVRAY
4510 PALM VALLEY RD
PONTE VEDRA BEACH, FL 32082 US

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: SHELDON MACGILLIVRAY 02/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PATTERSON, CECIL JR
Address: 85 S ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: GOODMAN, JERRY
Address: 130 GLEN COVE PL.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: KUNKEL, JOHN
Address: 553 HONEY LOCUST LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FRASER, TOM
Address: 51 FISHERMANS COVE.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM FRASER PD 02/13/2008
Electronic Signature of Signing Officer or Director Date