

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 # 771125 (2)

CHRIST EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHARITABLE FOUNDATION, INC.



Principal Place of Business: **400 SAN JUAN DRIVE BOX #56 PONTE VEDRA BEACH FL 32082**
Mailing Address: **400 SAN JUAN DRIVE BOX #56 PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified: **11/07/1983**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **59-0806965**
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: **COOPER, JAMES H. 1314 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082**
10. Name and Address of New Registered Agent (81-85):
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: T	NAME: HEAMON, JOHN W. STREET ADDRESS: 3279 OLD BARN RD., W. CITY-ST-ZIP: PONTE VEDRA BCH FL	1.1 TITLE: _____	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: P	NAME: ARMSTRONG, PARKER B. STREET ADDRESS: 30 LAKE JULIADRIVE SOUTH CITY-ST-ZIP: PONTE VEDRA BCH FL	2.1 TITLE: _____	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: S	NAME: ISAMAN, NANCY T. STREET ADDRESS: 214 DEER RUN SOUTH CITY-ST-ZIP: PONTE VEDRA BCH FL	3.1 TITLE: _____	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: D	NAME: MASON, PAUL C. STREET ADDRESS: 7470 FOUNDERS WAY CITY-ST-ZIP: PONTE VEDRA BCH FL	4.1 TITLE: _____	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: D	NAME: JENKS, JOHN T. STREET ADDRESS: P. O. BOX 395 N/A CITY-ST-ZIP: PONTE VEDRA BCH FL	5.1 TITLE: _____	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: DC	NAME: COOPER, JAMES STREET ADDRESS: 1314 PONTE VEDRA BLVD CITY-ST-ZIP: PONTE VEDRA BCH FL	6.1 TITLE: _____	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.2 NAME: Secretary	
		3.3 STREET ADDRESS: Les McDevitt	
		3.4 CITY-ST-ZIP: 209 Settlers Row North	
		4.2 NAME: Ponte Vedra Bch, FL 32082	
		4.3 STREET ADDRESS: _____	
		4.4 CITY-ST-ZIP: _____	
		5.2 NAME: Director	
		5.3 STREET ADDRESS: William E. Henderson	
		5.4 CITY-ST-ZIP: 352 San Juan Drive	
		6.2 NAME: Ponte Vedra Bch, FL 32082	
		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: _____ Date: **February 05, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John W. Heamon, Treasurer**

CR2E037 (12/95)