

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771125** (2)

1. Corporation Name

**CHRIST EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHA
RITABLE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**400 SAN JUAN DRIVE
BOX #56
PONTE VEDRA BEACH FL 32082**

**400 SAN JUAN DRIVE
BOX #56
PONTE VEDRA BEACH FL 32082-2821**



2. Principal Place of Business		3a. Date of Last Report	
21 400 San Juan Dr.		11/07/1983	
22 Suite, Apt. #, etc.		3b. Date of Last Report	
23 Ponte Vedra Beach		02/09/1996	
24 32082		25 St. Johns	
26 P.O. Box 1558		27 Ponte Vedra Beach	
28 32082		29 St. Johns	
30 FL		31 FL	

3. Date Incorporated or Qualified	3a. Date of Last Report
11/07/1983	02/09/1996
4. FEI Number	Applied For
59-0806965	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COOPER, JAMES H. 1314 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAMON, JOHN W.	1.2 NAME	
STREET ADDRESS	3279 OLD BARN RD., W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, PARKER B.	2.2 NAME	
STREET ADDRESS	30 LAKE JULIADRIIVE SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEVITT, LES	3.2 NAME	
STREET ADDRESS	209 SETTLERS ROW NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VERDA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, PAUL C.	4.2 NAME	
STREET ADDRESS	7470 FOUNDERS WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, WILLIAM E	5.2 NAME	
STREET ADDRESS	352 SAN JUAN DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JAMES	6.2 NAME	
STREET ADDRESS	1314 PONTE VEDRA BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	6.4 CITY - ST - ZIP	

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 _____ (904) 02/10/97 2:55:41

CR2E037 (9/96)