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**Mar 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 CHARITABLE FOUNDATION, INC.



Principal Place of Business 400 SAN JUAN DR PONTE VEDRA BEACH FL 32082 US	Mailing Address PO BOX 1558 PONTE VEDRA BEACH FL 32009 US
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3. Date Incorporated or Qualified 11/07/1983	
4. FEI Number 59-0006968 59-2634796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

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

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 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 *James H. Cooper* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	HEAMON, JOHN W.
STREET ADDRESS	3279 OLD BARN RD., W.
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, PARKER B.
STREET ADDRESS	30 LAKE JULIADRIVE SOUTH
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MCDEVITT, LES
STREET ADDRESS	209 SETTLERS ROW NORTH
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MASON, PAUL C.
STREET ADDRESS	7470 FOUNDERS WAY
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	HENDERSON, WILLIAM E
STREET ADDRESS	352 SAN JUAN DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	COOPER, JAMES
STREET ADDRESS	1314 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA BCH 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	1st Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marvin Thomas Benson
2.3 STREET ADDRESS	125 Glen Cove Place
2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elizabeth L. Harther
3.3 STREET ADDRESS	118 Lake Julia Drive North
3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
4.1 TITLE	Vice President Develp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Neil Crawford
4.3 STREET ADDRESS	539 Lake Road
4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
5.1 TITLE	President <input checked="" 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)(f), 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 *James H. Cooper* DATE **2/12/98**

CP2E037 (10/97)