

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90001 042 ****61.25

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DOCUMENT # 771125

1. Corporation Name

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

99034 - 90001 - 42

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/07/1983

4. FEI Number

59-2634796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME HEAMON, JOHN W.
STREET ADDRESS 3279 OLD BARN RD., W.
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE ☐ DELETE

NAME VPD
BENSON, MARVIN THOMAS
STREET ADDRESS 125 GLEN COVE PL
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME S
HARTHER, ELIZABETH L
STREET ADDRESS 118 LAKE JULIA DR NO
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME VPD
CRAWFORD, NEIL
STREET ADDRESS 539 LAKE RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME P
HENDERSON, WILLIAM E
STREET ADDRESS 352 SAN JUAN DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ DELETE

NAME DC
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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T ☒ Change ☐ Addition

Mallory, William P.
91 San Juan Drive, Apt #U2
Ponte Vedra Beach, FL 32082

☐ Change ☐ Addition

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14. 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 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, with all other like empowered.

SIGNATURE:

William E. Henderson

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

904-285-6127

Daytime Phone #

CR2E037 (11/98)