

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 771125**

1. Entity Name

**CHRIST EPISCOPAL CHURCH-OF PONTE VEDRA BEACH CHA**

Principal Place of Business

**400 SAN JUAN DR  
PONTE VEDRA BEACH FL 32082  
US**

Mailing Address

**PO BOX 1558  
PONTE VEDRA BEACH FL 32004-1558  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2634796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPER, JAMES H.  
1314 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>MALLORY, WILLIAM P</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>91 SAN JUAN DRIVE, APT. #U2</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL 32082</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BENSON, MARVIN THOMAS</b>	
STREET ADDRESS	<b>125 GLEN COVE PL</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edward deSelding</b>	
STREET ADDRESS	<b>9003 Lake Kathryn Drive</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARTHER, ELIZABETH L</b>	
STREET ADDRESS	<b>118 LAKE JULIA DR NO</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Krachuk, Grace</b>	
STREET ADDRESS	<b>1209 Salt Creek Point Way</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	

TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>CRAWFORD, NEIL</b>	
STREET ADDRESS	<b>539 LAKE RD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, WILLIAM E</b>	
STREET ADDRESS	<b>352 SAN JUAN DRIVE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>COOPER, JAMES</b>	
STREET ADDRESS	<b>1314 PONTE VEDRA BLVD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90027 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**April 20, 2000****April 20, 2000 904-285-6127**