

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 771125

1. Entity Name

CHRIST EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHA

Principal Place of Business

Mailing Address

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

**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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2634796**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 20, 2000

**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 Delete
 NAME **MALLORY, WILLIAM P**
 STREET ADDRESS **91 SAN JUAN DRIVE, APT. #U2**
 CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **VP
 Edward deSelding**
 STREET ADDRESS **9003 Lake Kathryn Drive**
 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 Change Addition
 NAME **S
 Krachuk, Grace**
 STREET ADDRESS **1209 Salt Creek Point Way**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE Delete
 NAME **VP
 CRAWFORD, NEIL**
 STREET ADDRESS **539 LAKE RD**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DC
 COOPER, JAMES**
 STREET ADDRESS **1314 PONTE VEDRA BLVD**
 CITY-ST-ZIP **PONTE VEDRA BCH FL**

TITLE Change 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:

James H. Cooper
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

April 20 2000 904-285-6127