

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90015 041 ****61.25

0006198

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 32009
 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

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	T	<input type="checkbox"/> Delete
NAME	MALLORY, WILLIAM P	
STREET ADDRESS	91 SAN JUAN DRIVE, APT. #U2	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENSON, MARVIN THOMAS	
STREET ADDRESS	125 GLEN COVE PL	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DESELDING, EDWARD	
STREET ADDRESS	9003 L. KATHRYN DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CRAWFORD, NEIL	
STREET ADDRESS	539 LAKE RD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENDERSON, WILLIAM E	
STREET ADDRESS	352 SAN JUAN DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	COOPER, JAMES	
STREET ADDRESS	1314 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, which is other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

Day/Time Phone #

CR2E037 (10/00)