

771125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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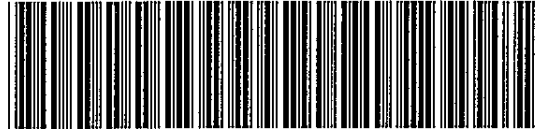
(Business Entity Name)

(Document Number)

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*RA Change*

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Christ Episcopal Church of Ponte Vedra Beach  
Charitable (Name of corporation) Foundation, Inc.

**DOCUMENT NUMBER:** 771125

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronda Toonk  
(Name of contact person)

Christ Episcopal Church  
(Firm/Company)

400 San Juan Drive  
(Address)

Ponte Vedra Beach, FL 32082  
(City/state and zip code)

For further information concerning this matter, please call:

Ronda Toonk at (904) 285-7390 x232  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Christ Episcopal Church of Ponte Vedra Beach Charitable Foundation, Inc.
2. The principal office address: 400 San Juan Drive  
Ponte Vedra Beach, FL 32082
3. The mailing address (if different): Post Office Box 1558  
Ponte Vedra Beach, FL 32009
4. Date of incorporation/qualification: 11-7-1983 Document number: 771125
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Cooper, James H.  
1314 Ponte Vedra Boulevard  
Ponte Vedra Beach, FL 32082

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

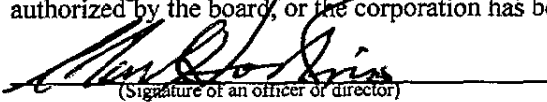
MANTZ, THOMAS  
105 MAGNOLIA HAMMOCK DR.  
(P.O. Box NOT acceptable)

PONTE VEDRA BEACH, FL 32082-4158

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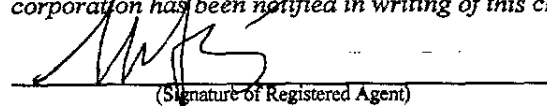
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

CHARLES R. HOSKINS  
PRESIDENT  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

9/21/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*