


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 771125**  
1. Entity Name  
**CHRIST EPISCOPAL CHURCH OF PONTE VEDRA  
BEACH CHARITABLE FOUNDATION, INC.**



Principal Place of Business <b>400 SAN JUAN DR PONTE VEDRA BEACH, FL 32082 US</b>	Mailing Address <b>PO BOX 1558 PONTE VEDRA BEACH, FL 32009 US</b>
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**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2634796</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MANTZ, THOMAS  
105 MAGNOLIA HAMMOCK DR.  
PONTE VEDRA BEACH, FL 32082-4158**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1000000229560  
02/15/05-80002-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALLORY, WILLIAM P 91 SAN JUAN DRIVE, APT. #U2 PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORTHROP, SAM 8140 MA DEL PLASTA STREET EAST JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSKINS, CHARLES 4241 DUVAL DRIVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPENCE, MARY 339 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACKLEY, THOMAS 24733 HARBOUR VIEW DR PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COOPER, JAMES 1314 PONTE VEDRA BLVD PONTE VEDRA BCH, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Charles R. Hoskins* **CHARLES R. HOSKINS** 2/19/05 904/295-0721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #