2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 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	Mailing Address
400 SAN JUAN DR PONTE VEDRA BEACH, FL 32082 US	PO BOX 1558 PONTE VEDRA BEACH, FL 32009 US

04122007 No Chg-NP CR2E037 (4/06)

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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

MANTZ, THOMAS
105 MAGNOLIA HAMMOCK DR.
PONTE VEDRA BEACH, FL 32082-4158

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000725872
05/03/07-80039-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ROLLER, DONALD
STREET ADDRESS	1421 POINTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	P
NAME	NORTHROP, SAM
STREET ADDRESS	8140 MA DEL PLASTA STREET EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	T
NAME	HOSKINS, CHARLES
STREET ADDRESS	4241 DUVAL DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	VP
NAME	SPENCE, MARY
STREET ADDRESS	339 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	T
NAME	RACKLEY, THOMAS
STREET ADDRESS	24733 HARBOUR VIEW DR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	DC
NAME	WESTBURY, RICK REV
STREET ADDRESS	400 SAN JUAN DR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MTS THOMAS MANTZ 4/12/07 (904)285-7390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #