


**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 400 SAN JUAN DR PONTE VEDRA BEACH, FL 32082 US	Mailing Address PO BOX 1558 PONTE VEDRA BEACH, FL 32009 US
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
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 reinstating) _____ DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

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

Trust Fund Contribution.

U00000725872
05/03/07-80039-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROLLER, DONALD 1421 POINTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTHROP, SAM 8140 MA DEL PLASTA STREET EAST JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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	T RACKLEY, THOMAS 24733 HARBOUR VIEW DR PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WESTBURY, RICK REV 400 SAN JUAN DR 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: THOMAS MANTZ **4/12/07 (904) 285-7390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #