

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90091 011 \*\*\*\*61.25

**DOCUMENT # 771125**

1. Entity Name

**CHRIST EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHA  
RITABLE 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**

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME **MALLORY, WILLIAM P**  
STREET ADDRESS **91 SAN JUAN DRIVE, APT. #U2**  
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

VP ☐ Change ☒ Addition  
NAME **Mary Spence**  
STREET ADDRESS **339 Ponte Vedra Boulevard**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

VPD ☐ Delete  
NAME **NORTHROP, SAM**  
STREET ADDRESS **8140 MA DEL PLASTA STREET EAST**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

VP ☐ Change ☒ Addition  
NAME **Thomas Rackley**  
STREET ADDRESS **24733 Harbour View Drive**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

VP ☐ Delete  
NAME **HOSKINS, CHARLES**  
STREET ADDRESS **4241 DUVAL DRIVE**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

P ☒ Change ☐ Addition  
NAME **Hoskins, Charles**  
STREET ADDRESS **4241 Duval Drive**  
CITY-ST-ZIP **Jacksonville Beach FL 32250**

VPD ☒ Delete  
NAME **ARMSTRONG, PARKER**  
STREET ADDRESS **1000 VICARS LANDING WAY #203**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

VP ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☒ Delete  
NAME **HENDERSON, WILLIAM E**  
STREET ADDRESS **352 SAN JUAN DRIVE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DC ☐ Delete  
NAME **COOPER, JAMES**  
STREET ADDRESS **1314 PONTE VEDRA BLVD**  
CITY-ST-ZIP **PONTE VEDRA BCH FL**

☐ Change ☐ 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, with all other like empowers.

SIGNATURE: **The Rev. Dr. James H. Cooper**

3-18-03 (904) 285-7390

CR2E037 (10/02)