

**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 Mailing Address
**400 SAN JUAN DR PO BOX 1558
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32009
US US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2634796**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MALLORY, WILLIAM P	
STREET ADDRESS	91 SAN JUAN DRIVE, APT. #U2	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NORTHROP, SAM	
STREET ADDRESS	8140 MA DEL PLASTA STREET EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOSKINS, CHARLES	
STREET ADDRESS	4241 DUVAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, PARKER	
STREET ADDRESS	1000 VICARS LANDING WAY #203	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, WILLIAM E	
STREET ADDRESS	352 SAN JUAN DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	COOPER, JAMES	
STREET ADDRESS	1314 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Spence	
STREET ADDRESS	339 Ponte Vedra Boulevard	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Rackley	
STREET ADDRESS	24733 Harbour View Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoskins, Charles	
STREET ADDRESS	4241 Duval Drive	
CITY-ST-ZIP	Jacksonville Beach FL 32250	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empoweled.

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

3-18-03 (904) 285-7390

CR2E037 (10/02)