

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771125

**Entity Name:** CHRIST EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHARITABLE FOUNDATION, INC.

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC2183794276**

**Current Principal Place of Business:**

400 SAN JUAN DR  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

400 SAN JUAN DR  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number: 59-2634796**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOONK, RONDA  
7401 HENNESSY ROAD  
JACKSONVILLE, FL 32244 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BOVE, GABRIEL  
Address 354 ROYAL TERN ROAD SOUTH  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T  
Name SEABROOK, KATHLEEN  
Address 100 LANTANA COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T  
Name ROLAND, MELISSA  
Address 515 RUTILE DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T  
Name PARKER, JOHN H  
Address 417 PONTE VEDRA BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T  
Name SCHANTZ, FREDERICK  
Address 233 PABLO ROAD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DC  
Name WESTBURY, RICHARD REV  
Address 400 SAN JUAN DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD WESTBURY**

**RECTOR**

**02/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date