

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000059

**Entity Name:** PONTE VEDRA UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

76 ROSCOE BLVD. S.  
PONTE VEDRA BCH, FL 32082

**Current Mailing Address:**

76 ROSCOE BLVD. S.  
PONTE VEDRA BCH, FL 32082

**FEI Number:** 20-0547559

**Certificate of Status Desired:** No

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

LARSEN, JAMES E  
1628 MERROWAY LANE  
PONTE VEDRA, FL 32081 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 TRUSTEE  
Name COOK, ANN  
Address 415 N ROSCOE BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TRUSTEE  
Name BRINGGER, RANDY  
Address 232 ODOMS MILL  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TRUSTEE  
Name MUNSELL, TOM  
Address 83 TAYLOR RIDGE AVE  
City-State-Zip: PONTE VEDRA FL 32081

Title TRUSTEE  
Name TINSLEY, SHEILA  
Address 293 JOHN'S GLEN DR.  
City-State-Zip: ST. JOHNS FL 32259

Title TRUSTEE  
Name BROWNING, CECILY  
Address 148 RIVER MARSH DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TRUSTEE CHAIR  
Name AMBLER, JAY  
Address 1424 FOREST AVE  
City-State-Zip: NEPTUNE BEACH FL 32266

Title TRUSTEE  
Name SPOONER, BOB  
Address 117 LAUREL WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TRUSTEE  
Name ERVIN, LEE  
Address 102 LUCINA LANE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

**Continues on page 2**

*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:** JAY AMBLER

**TRUSTEE CHAIR**

**05/02/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE

Name BUCK, LEE

Address 136 17TH AVE N.

City-State-Zip: JACKSONVILLE BREACH FL 32250