
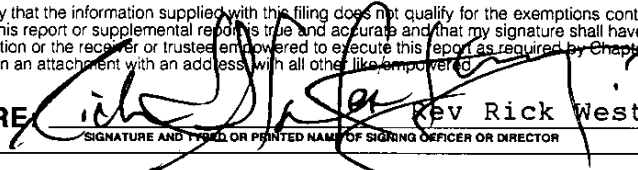


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90205 044 \*\*\*\*61.25

<b>DOCUMENT # 771125</b> 1. Entity Name <b>CHRIST EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHARITABLE FOUNDATION, INC.</b>						
Principal Place of Business <b>400 SAN JUAN DR PONTE VEDRA BEACH, FL 32082 US</b>			Mailing Address <b>PO BOX 1558 PONTE VEDRA BEACH, FL 32009 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number <b>59-2634796</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>MANTZ, THOMAS 105 MAGNOLIA HAMMOCK DR. PONTE VEDRA BEACH, FL 32082-4158</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MALLORY, WILLIAM P</b> <b>91 SAN JUAN DRIVE, APT. #U2</b> <b>PONTE VEDRA BCH, FL 32082</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Roller, Donald</b> <b>1421 Ponte Vedra Boulevard</b> <b>Ponte Vedra Beach, FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>NORTHROP, SAM</b> <b>8140 MA DEL PLASTA STREET EAST</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Northrop, Sam</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOSKINS, CHARLES</b> <b>4241 DUVAL DRIVE</b> <b>JACKSONVILLE BEACH, FL 32250</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Hoskins, Charles</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SPENCE, MARY</b> <b>339 PONTE VEDRA BLVD</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RACKLEY, THOMAS</b> <b>24733 HARBOUR VIEW DR</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Rackley, Thomas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>COOPER, JAMES</b> <b>1314 PONTE VEDRA BLVD</b> <b>PONTE VEDRA BCH, FL</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>Westbury, Rick Rev</b> <b>400 San Juan Drive</b> <b>Ponte Vedra Beach, FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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 612, 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.						
<b>SIGNATURE</b> 				<b>Rev Rick Westbury</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04-11-06 (904) 285-7390 <small>Date Daytime Phone #</small>		