


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 771125 |  |
| 1. Entity Name CHRIST EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHARITABLE FOUNDATION, INC. | |

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| 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 |
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2634796 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MANTZ, THOMAS 105 MAGNOLIA HAMMOCK DR. PONTE VEDRA BEACH, FL 32082-4158 |
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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.

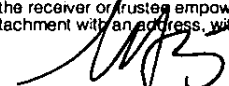
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| Filing Fee Is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000725872 05/03/07-80039-015 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROLLER, DONALD 1421 POINTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NORTHROP, SAM 8140 MA DEL PLASTA STREET EAST JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOSKINS, CHARLES 4241 DUVAL DRIVE JACKSONVILLE BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SPENCE, MARY 339 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RACKLEY, THOMAS 24733 HARBOUR VIEW DR PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC WESTBURY, RICK REV 400 SAN JUAN DR PONTE VEDRA BEACH, FL 32082 |

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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 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 empowered.

SIGNATURE:  **THOMAS MANTZ** **4/12/07 (904) 285-7390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #