

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90053 048 \*\*\*\*61.25

<b>DOCUMENT # N02000009340</b>					
<b>1. Entity Name</b> THE CHURCH AT PONTE VEDRA, INC.					
<b>Principal Place of Business</b> 4 SAWGRASS VILLAGE DRIVE 4200 E PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> PO BOX 3676 PONTE VEDRA BEACH, FL 32004		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03132005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 42-1562853				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GAINES, CHARLES W 12289 AMANDA COVE TRAIL JACKSONVILLE, FL 32225			<b>7. Name and Address of New Registered Agent</b>		
Name			Name <u>GAINES, CHARLES W.</u>		
Street Address (P.O. Box Number is Not Acceptable)			Street Address <u>533 ROBLES LANE</u>		
City			City <u>Ponte Vedra Beach</u> <b>FL</b> Zip Code <u>32082</u>		
<b>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.</b> Signature: <u>Charles W. Gaines</u> <small>By nature, typed or printed name of registered agent and the filer.</small> <small>(NOTE: Registered Agent signature required when registering)</small> <small>DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <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>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZITTROWER, HENRY 4437 PLEASANT HILL DR. JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. STUECK, MATTHEW 2141 WATERFOOT LN JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KENNER, PERRY 4801 SECRET HARBOR DR JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>T</del> <del>LEO PICKETT</del> <del>12</del>	<input type="checkbox"/> Delete	T LEO PICKETT 128 SEA LILY LANE PONTE VEDRA BCH FL 32082		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 empowered.</b>					
<b>SIGNATURE:</b> <u>Perry Kenner</u> <u>4/6/05</u> <u>904318 2010</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Print or Type</small>					