

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N05000011838

1. Entity Name

IN CHRIST MINISTRIES OF PONTE VEDRA BEACH,
INC.



Principal Place of Business

101 OSPREY RIDGE WAY
PONTE VEDRA BEACH FL 32082

Mailing Address

101 OSPREY RIDGE WAY
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2499966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

RAGLAND, J. CORTEZ
101 OSPREY RIDGE WAY
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RAGLAND, J. CORTEZ
STREET ADDRESS 101 OSPREY RIDGE WAY
CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete
NAME PACK, NORMAN DR
STREET ADDRESS 212 E CANON CT
CITY-STATE-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete
NAME MYERS, RICHARD DR
STREET ADDRESS 9648 WEXFORD RD
CITY-STATE-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000844677
CITY-STATE-ZIP 03/13/08-80009-017 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *J. Cortez Ragland*

2/24/08

904-382-5561