

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 012 ****61.25

DOCUMENT # N06000003283

1. Entity Name



ST. FRANCIS IN-THE-FIELD EPISCOPAL CHURCH OF
PONTE VEDRA BEACH CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

895 PALM VALLEY RD
PONTE VEDRA BEACH FL 32082

895 PALM VALLEY RD
PONTE VEDRA BEACH FL 32082

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

895 PALM VALLEY RD

3. Mailing Address

895 PALM VALLEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL.

City & State

PONTE VEDRA, FL.

4. FEI Number

57-1232380

Applied For

Not Applicable

Zip

32081

Country

USA

Zip

32081

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

WILSON, JACQUELINE A
895 PALM VALLEY RD
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name JACQUELINE A. WILSON

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

895 PALM VALLEY RD

City PONTE VEDRA

FL

Zip Code

32081

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]

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

JACQUELINE A. WILSON

(NOTE: Registered Agent signature required when reinstating)

2-1-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 *BC* ☐ Delete
NAME ELLIS, MICHAEL E
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32081

TITLE *BP* ☐ Delete
NAME RAY, MATTHEW
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32081

TITLE *VP* ☐ Delete
NAME NOVAK, WAYNE A
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32081

TITLE *DT* ☐ Delete
NAME SONTAG, FREDERICK B
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32081

TITLE *D* ☐ Delete
NAME YERKES, ROBERT S
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32081

TITLE *PD* ☐ Delete
NAME PATTERSON, SHIRLEY K
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32081

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *D* ☐ Change ☒ Addition
NAME KAUFMAN, LEONARD
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA, FL 32081

TITLE *S* ☐ Change ☒ Addition
NAME ~~WILSON~~ WILSON, JACQUELINE A
STREET ADDRESS 895 PALM VALLEY RD
CITY-ST-ZIP PONTE VEDRA, FL 32081

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

[Signature] JACQUELINE A. WILSON

2/1/07 904-543-0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #