

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90016 027 \*\*\*\*70.00

<b>DOCUMENT # N06000003283</b>					
<b>1. Entity Name</b> ST. FRANCIS IN-THE-FIELD EPISCOPAL CHURCH OF PONTE VEDRA BEACH CHARITABLE FOUNDATION, INC.					
<b>Principal Place of Business</b> 895 PALM VALLEY RD PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> 895 PALM VALLEY RD PONTE VEDRA BEACH, FL 32082		
<b>2. Principal Place of Business - No P.O. Box #</b> 895 PALM VALLEY RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 895 PALM VALLEY RD Suite, Apt. #, etc.			
<b>City &amp; State</b> PONTE VEDRA, FL.		<b>City &amp; State</b> PONTE VEDRA, FL.		<b>4. FEI Number</b> 57-1232380	
<b>Zip</b> 32081		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILSON, JACQUELINE A 895 PALM VALLEY RD PONTE VEDRA BEACH, FL 32082			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 895 PALM VALLEY RD City <b>PONTE VEDRA</b> <b>FL</b> Zip Code <b>32081</b>		
<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>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Secretary</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>DATE</b> 4-1-08	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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 10</b>		
<b>TITLE</b> C <b>NAME</b> ELLIS, MICHAEL E <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ROBERT S. YERKES <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> RAY, MATTHEW <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LEONARD KAUFMAN <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> NOVAK, WAYNE A <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> SONTAG, FREDERICK B <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> WILSON, JACQUELINE A <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PATTERSON, SHIRLEY K <b>STREET ADDRESS</b> 895 PALM VALLEY RD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32081	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<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 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 an other like empowered.</b>					
<b>SIGNATURE:</b>			<b>4-1-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

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904-615-2130