

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003283

FILED
Nov 02, 2009
Secretary of State

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

Current Principal Place of Business:

895 PALM VALLEY RD.
ORLANDO, FL 32801

New Principal Place of Business:

895 PALM VALLEY RD.
PONTE VEDRA, FL 32801

Current Mailing Address:

895 PALM VALLEY RD.
ORLANDO, FL 32801

New Mailing Address:

895 PALM VALLEY RD.
PONTE VEDRA, FL 32801

FEI Number: 57-1232380 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILSON, JACQUELINE A
895 PALM VALLEY RD.
PONTE VEDRA, FL 32081 US

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.

SIGNATURE: JACQUELINE A. WILSON

11/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ELLIS, MICHAEL E
Address: 895 PALM VALLEY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: P () Delete
Name: RAY, MATTHEW
Address: 895 PALM VALLEY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: VP () Delete
Name: NOVAK, WAYNE A
Address: 895 PALM VALLEY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: T () Delete
Name: SONTAG, FREDERICK B
Address: 895 PALM VALLEY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: S () Delete
Name: WILSON, JACQUELINE A
Address: 895 PALM VALLEY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: D () Delete
Name: PATTERSON, SHIRLEY K
Address: 895 PALM VALLEY RD
City-St-Zip: PONTE VEDRA, FL 32081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE A. WILSON

SEC

11/02/2009

Electronic Signature of Signing Officer or Director

Date