## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000000843

FILED Mar 20, 2006 Secretary of State

Entity Name: THE CULTURAL CENTER AT PONTE VEDRA BEACH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 50 EXECUTIVE WAY PONTE VEDRA BEACH, FL 32082 LIS **Current Mailing Address: New Mailing Address:** 50 EXECUTIVE WAY PONTE VEDRA BEACH, FL 32082 US FEI Number: 59-3238148 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAX CO 50 NORTH LAURA ST **SUITE 3400** JACKSONVILLE, FL 32201 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LATSHAW, JOHN ORR, KATHY Name: Name: 158 BARBERRY LANE Address: 133 RETREAT PLACE Address: City-St-Zip: PONTE VERA BCH., FL 32082 City-St-Zip: PONTE VERA BCH., FL 32082 Title: () Delete Title: (X) Change ( ) Addition MCKEAN, RHODA Name: COWLING, KAY Name: Address: 1415 1ST STREET NORTH Address: 1206 SALT MARSH CIRCLE City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: SEC (X) Change ( ) Addition BOWERS, RICHARD FAIRMAN, BROOKE Name: Name: 164 DAUPHINE CT. Address: PO BOX 1074 Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: ( ) Delete Title: (X) Change ( ) Addition Name: LATSHAW, JOHN Name: BOGGS, AIMEE 684 PONTE VEDRA BOULEVARD Address: 158 BARBERRY LANE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: (X) Change ( ) Addition BOGGS, AIMEE MARX, MARY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

196 SUMMERFIELD DR

PONTE VEDRA BEACH, FL 32082

() Change () Addition

SIGNATURE: MARY MARX ED 03/20/2006

684 PONTE VEDRA BOULEVARD

PONTE VEDRA BEACH, FL 32082

(X) Delete

PONTE VEDRA BEACH, FL 32082

KELLY, MOLLY

342 PABLO TERRACE

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: