2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004328

1. Entity Name
PONTE VEDRA PUBLIC EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 US	100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 US

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05212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3333907
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAX CO
50 NO. LAURA STREET
3400 BARNETT CENTER
JACKSONVILLE, FL 32202

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KING, ANDREA E.
STREET ADDRESS	100 PGA TOUR BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	D
NAME	BERRY, CLARE
STREET ADDRESS	113 LINKSIDE CIR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	DV
NAME	BOWERS, RICHARD
STREET ADDRESS	100 PGA TOUR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	D
NAME	COULSON, MIKE
STREET ADDRESS	737 E. PALMERA DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	P
NAME	HOENER, MARILYN
STREET ADDRESS	71 VILLAGE WALK LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/04-80002-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Andrea E King 5/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #