

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004328**

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



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

Mailing Address  
**100 PGA TOUR BLVD  
PONTE VEDRA BEACH, FL 32082 US**



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3333907**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RAX CO  
50 NO. LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

000000549882  
05/13/06-80036-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** *Jeanne Lightcap*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 904-285-3700  
Date Daytime Phone #