

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 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**



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000778758

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	LIGHTCAP, JEANNE
STREET ADDRESS	100 PGA TOUR BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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	

**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

1-8-08

Date

904 273-3222

Daytime Phone #