

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001268

1. Entity Name

PONTE VEDRA BAPTIST CHURCH, INC.

Principal Place of Business

1050 HIGHWAY A1A
PONTE VEDRA BEACH FL 32082
US

Mailing Address

P O BOX 309
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3435781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE AND ROWE, P.A.
9471 BAYMEADOWS RD, SUITE 203
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
PPD BENNETT, GREGG ☐ Delete
STREET ADDRESS
221 STELLAR CT
CITY-ST-ZIP
PONTE VEDRA FL 32082

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
VPCD SEWELL, ERROL W ☐ Delete
STREET ADDRESS
501 PHEASANT RUN DRIVE
CITY-ST-ZIP
PONTE VEDRA BEACH FL 32082

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
SDS MCNANEY, BONNIE ☒ Delete
STREET ADDRESS
116 REGENST PL
CITY-ST-ZIP
PONTE VEDRA FL 32082

TITLE NAME
SDS Sylvia Moore ☒ Change ☒ Addition
STREET ADDRESS
600 Ponte Vedra Blvd., #104
CITY-ST-ZIP
Ponte Vedra, FL 32082

TITLE NAME
TD CASILLAS, AMATLIN S ☒ Delete
STREET ADDRESS
259 CHARLEMAGNE CIR
CITY-ST-ZIP
PONTE VEDRA FL 32082

TITLE NAME
TD Kyle Hancock ☒ Change ☐ Addition
STREET ADDRESS
142 Nandina Cr.
CITY-ST-ZIP
Ponte Vedra, FL 32082

TITLE NAME
☐ Delete

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
☐ Delete

TITLE NAME
☐ Change ☐ Addition

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: *Gregg Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00
Date

(904) 285-4288
Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90069 047 ****61.25



DO NOT WRITE IN THIS SPACE