

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003423
1. Corporation Name

PONTE VEDRA BEACH CONGREGATION, INC.

Principal Place of Business 1127 16th Ave South Jacksonville Beach, FL 32250	Mailing Address 1127 16th Avenue South Jacksonville Beach, FL 32250
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 6-11-97	4. FEI Number ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent MARCO A RUIZ 445 Monument Road #604 Jacksonville, FL 32225

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 753 MARSH CREEK LANE 83 PONTE VEDRA BEACH 84 City FL 85 Zip Code 32082
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	(P)(D) ☐ DELETE
NAME	Jonathan E. Pena
STREET ADDRESS	104 Canary Isle Ct
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	(VP) (D) ☐ DELETE
NAME	MARK R. McCumber
STREET ADDRESS	8060 Bentgrass Circle
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	Timothy E. Daley (VP)(D) ☐ DELETE
NAME	112 Evans Drive
STREET ADDRESS	Jacksonville Beach, FL 32250
CITY-ST-ZIP	
TITLE	(VP) (D) ☐ DELETE
NAME	MARCO A. RUIZ
STREET ADDRESS	753 MARSH CREEK LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	(S)(CT) ☐ DELETE
NAME	DAVID A. LIZZIO
STREET ADDRESS	124 Natures Way
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCO A. RUIZ

8-21-98 (904) 280-8545
Date Daytime Phone #

CR2E037 (10/97)