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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003423

1. Corporation Name
PONTE VEDRA BEACH CONGREGATION, INC.

Principal Place of Business	Mailing Address
1127 16TH AVE. SOUTH JACKSONVILLE ~~FL 32225~~ Beach FL 32250	1127 16TH AVE. SOUTH JACKSONVILLE ~~FL 32225~~ Beach, FL 32250

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/11/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ~~APPLIED FOR~~ 59-3577057 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

RUIZ, MARCO A
753 MARSH COVE LANE
PONTE VEDRA BEACH FL 32082

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PENA, JONATHAN E		1.2 NAME		
STREET ADDRESS	104 CANARY ISLE CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32032		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCUMBER, MARK R		2.2 NAME		
STREET ADDRESS	5060 BENTGRASS CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32302		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DALEY, TIMOTHY E		3.2 NAME		
STREET ADDRESS	112 EVANS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUIZ, MARCO A		4.2 NAME		
STREET ADDRESS	753 MARSH COVE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL 32032		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LIZZIO, DAVID		5.2 NAME		
STREET ADDRESS	124 NATURES WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL 32032		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DIRECTOR 4-3-99 (904) 910-6727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)