2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003423

1. Entity Name
PONTE VEDRA BEACH CONGREGATION OF JEHOVAH'S WITNESSES, INC.

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

02082005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3571057
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BANTA, ANGEL L
133 ABACO WAY
PONTE VEDRA BEACH, FL 32082

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	PENA, JONATHAN E
STREET ADDRESS	104 CANARY ISLE CT.
CITY-ST-ZIP	PONTE VEDRA BCH., FL 32032
TITLE	VPD
NAME	MCCUMBER, MARK R
STREET ADDRESS	53 PONTE VEDRA BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VPD
NAME	DALEY, TIMOTHY E
STREET ADDRESS	112 EVANS DRIVE
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250
TITLE	VPD
NAME	RUIZ, MARCO A
STREET ADDRESS	753 MARSH COVE LANE
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32032
TITLE	ST
NAME	LIZZIO, DAVID
STREET ADDRESS	124 NATURES WAY
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000231892
02/16/05-80051-004 70.00

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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: Angel L. Banta 2/8/05 (904) 534-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #