

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90018 040 ****61.25

DOCUMENT # N97000003423 1. Entity Name PONTE VEDRA BEACH CONGREGATION OF JEHOVAH'S WITNESSES, INC.					
Principal Place of Business 1127 16TH AVE. SOUTH JACKSONVILLE BEACH, FL 32250			Mailing Address 1127 16TH AVE. SOUTH JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # 6 N. Roscoe Blvd.		3. Mailing Address PO Box 2537			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL		4. FEI Number 59-3571057	
Zip 32082		Country USA		Applied For ☐ Not Applicable	
Zip 32004		Country USA		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			7. Name and Address of New Registered Agent 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. 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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PENA, JONATHAN E 104 CANARY ISLE CT. PONTE VEDRA BCH., FL 32032 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCUMBER, MARK R 53 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH, FL 32250 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUIZ, MARCO A 104 CYPRES POND CT PONTE VEDRA BEACH, FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIZZIO, DAVID 124 NATURES WAY PONTE VEDRA BCH, FL 32032 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date 1/18/2007 Daytime Phone # 904 534-3427		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					