

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003423

1. Entity Name

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



Principal Place of Business

6 NORTH ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082

Mailing Address

PO BOX 2537
PONTE VEDRA BEACH, FL 32004



02062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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 104 CYPRES POND CT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

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

000000840991
03/07/08-80015-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Jonathan Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Date

Daytime Phone #