## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9700003423

## PONTE VEDRA BEACH CONGREGATION, INC.

## **FILED** Jan 28, 2003 8:00 am Secretary of State 01-28-2003 90068 017 \*\*\*\*70.00

Principal Place of Business 1127 16TH AVE. SOUTH JACKSONVILLE BEACH FL 32250		Mailing Address 1127 16TH AVE. SOUTH JACKSONVILLE BEACH FL	32250	, ( <b>***</b> ()) <b>*</b> (	ala 1814 (2814 4814) 2814 4814 1	1812 1814 1111 1111 1111 1	<b>200</b> 1191 1 <b>98</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Numbe	4. FEI Number <b>59-3571057</b>		oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		<del></del>	Address of New Regist	ered Agent		
			Name					
RUIZ, MARCO A 753 MARSH COVE LANE		·	Street Address (P.O. Box Nu		r is Not Acceptable)	<del></del>		
	EDRA BEACH FL 32082		·		<del></del>			
			City			FL Zip Cod	e	
8. The above	named entity submits this statement foions of registered agent.	r the purpose of changing its	registered office o	r registered agent, or both	n, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered Agent signat	ure required when reinstating)		DATE	{	
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees		Check Payable epartment of S		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AN	ND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS	P/D Pena, Jonathan e 104 Canary Isle Ct.	□ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32032		CITY-ST-ZIP					
TITLE NAME	VPD MCCUMBER, MARK R	Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	53 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082		STREET ADDRESS	-				
TITLE	· · · - · · · · · · · · · · · ·	A	_: CITY-ST-ZIP		* * · · **	· -	1	
NAME	VPD	□ Delete	TITLE		<u> </u>	Change	Addition	
NAME STREET ADDRESS	DALEY, TIMOTHY E		TITLE NAME			☐ Change	Addition	
NAME Street address City-St-Zip	· · · <del>-</del>		TITLE			☐ Change	☐ Addition	
STREET ADDRESS	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD		TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD RUIZ, MARCO A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			· · ·		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD RUIZ, MARCO A 753 MARSH COVE LANE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			· · ·		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD RUIZ, MARCO A 753 MARSH COVE LANE PONTE VEDRA BCH FL 32032	☐ Delete ☐ Delete ☐ .	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD RUIZ, MARCO A 753 MARSH COVE LANE PONTE VEDRA BCH FL 32032 ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			· · ·		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD RUIZ, MARCO A 753 MARSH COVE LANE PONTE VEDRA BCH FL 32032 ST LIZZIO, DAVID	☐ Delete ☐ Delete ☐ .	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD RUIZ, MARCO A 753 MARSH COVE LANE PONTE VEDRA BCH FL 32032 ST LIZZIO, DAVID 124 NATURES WAY	☐ Delete ☐ Delete ☐ .	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DALEY, TIMOTHY E 112 EVANS DRIVE JACKSONVILLE BCH FL 32250 VPD RUIZ, MARCO A 753 MARSH COVE LANE PONTE VEDRA BCH FL 32032 ST LIZZIO, DAVID	☐ Delete ☐ Delete ☐ .	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
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I hereby certify that the information supplied with this filling 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 reperties 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 trusfee 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 attacharth unter an address, with or other like empowered.

**SIGNATURE:**