

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008328

FILED
Feb 22, 2009
Secretary of State

Entity Name: VINE FELLOWSHIP NETWORK, INC.

Current Principal Place of Business:

2245 CRICKET RIDGE DR.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

2245 CRICKET RIDGE DRIVE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 52-2381312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCASTER, GREG
2245 CRICKET RIDGE DRIVE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANCASTER, GREG
Address: 2245 CRICKET RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: VD () Delete
Name: LANCASTER, DONNA
Address: 2245 CRICKET RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: STD () Delete
Name: HAMILTON, PAT
Address: 3085 WOODBURY CIR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: HAMILTON, CHRIS
Address: 1020 BARTOW AVE.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG LANCASTER

PD

02/22/2009

Electronic Signature of Signing Officer or Director

Date