

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90089 028 ****61.25



DOCUMENT # N04000006227

1. Entity Name

VERO VINEYARD CHRISTIAN CHURCH INC.

Principal Place of Business

6905 29TH CT
 VERO BEACH FL 32967

Mailing Address

6905 29TH CT
 VERO BEACH FL 32967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

42-1637097

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTINO, ANTHONY
 6905 29TH CT
 VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name Charles Rohach

Street Address (P.O. Box Number is Not Acceptable)

3770 7th LANE

City VERO BEACH

FL

Zip Code 32968

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

Charles Rohach
 Signature, typed or printed name of registered agent and title if applicable

Charles Rohach
VILE PRESIDENT
 (NOTE: Registered Agent signature required when reinstating)

4/7/05
 DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VALENTINO, ANTHONY	
STREET ADDRESS	6905 29TH CT	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROHACH, CHARLES	
STREET ADDRESS	3770 7TH LN	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZINK, DANIEL	
STREET ADDRESS	14058 BOURNE MUTH DR	
CITY-ST-ZIP	SHELBY TOWNSHIP MI 48315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Charles Rohach
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Rohach

4-7-05

772-770-320
 Daytime Phone #

Date

Daytime Phone #