


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
4. Jun 08, 2005 8:00 am
Secretary of State

04-27-2005 90353 017 ****70.00

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1. Entity Name
THE VINE HOMESCHOOLING CO-OP, INC.



Principal Place of Business
**3989 OLD MILL COVE TR E
 JACKSONVILLE, FL 32277**

Mailing Address
**3989 OLD MILL COVE TR E
 JACKSONVILLE, FL 32277**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01202005 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MALONE, DEBORAH B
 3989 OLD MILL COVE TR E
 JACKSONVILLE, FL 32277**

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 Deborah B. Malone Deborah B. Malone 4-22-05

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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A MALONE, DEBORAH 3989 OLD MILL COVE TR E JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREAE, CAROLYN 6405 TEMPLE RD JAX, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JEAN-MARIE 11406 BEACON DR JAX, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIGINGER, LUANN <input checked="" type="checkbox"/> Delete 3207 TROPHY PL JAX, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINMAN, GRACE <input type="checkbox"/> Delete 2434 PEACH DR JAX, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ROBIN <input type="checkbox"/> Delete 3989 OLD MILL COVE TR E JACKSONVILLE, FL 32277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Rene Perry 504 Mill House Lane Jax, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Connie Alton 1942 Valencia Dr. Jax, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Campbell, Robin 11425 Woodson Loop S. Jax, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah B. Malone Deborah B. Malone 4-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #