

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006780

FILED  
Mar 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3989 OLD MILL COVE TR E  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

3989 OLD MILL COVE TR E  
JACKSONVILLE, FL 32277

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALONE, DEBORAH B  
3989 OLD MILL COVE TR E  
JACKSONVILLE, FL 32277    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:                      A                      ( ) Delete  
Name:                      MALONE, DEBORAH  
Address:                      3989 OLD MILL COVE TR E  
City-St-Zip:                      JACKSONVILLE, FL 32277

Title:                      T                      ( ) Delete  
Name:                      ANDREAE, CAROLYN  
Address:                      6405 TEMPLE RD  
City-St-Zip:                      JAX, FL 32217

Title:                      D                      ( ) Delete  
Name:                      THOBURN, PATRICIA  
Address:                      769 GROVE PARK BLVD  
City-St-Zip:                      JACKSONVILLE, FL 32216

Title:                      D                      ( ) Delete  
Name:                      ALTON, CONNIE  
Address:                      1942 VALENCIA DR  
City-St-Zip:                      JACKSONVILLE, FL 32207

Title:                      D                      ( ) Delete  
Name:                      KINMAN, GRACE  
Address:                      2434 PEACH DR  
City-St-Zip:                      JAX, FL 32246

Title:                      D                      ( ) Delete  
Name:                      CAMPBELL, ROBIN  
Address:                      11425 WOODSING LOOP S  
City-St-Zip:                      JACKSONVILLE, FL 32225

**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:

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: DEBORAH B. MALONE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MRS.

03/26/2009

\_\_\_\_\_ Date