2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011185

FILED May 11, 2007 Secretary of State

Entity Name: THE CHURCH AT VILANO, INC.									
Current Principal Place of Business:					New Principal Place of Business:				
120 MEADO SAINT AUG									
Current Mailing Address:					New Mailing Address:				
121 MEADO SAINT AUG			248						
FEI Number: 20-1884970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:									
TURNER, 245 KINGS SAINT AUG	TON DRIV		380 US						
The above in the State		ity submits	this statement for th	e purpose c	of changing i	ts registered	office or re	egistered ag	ent, or both,
SIGNATUR									
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	131 BOBW	() Delete , SAMUEL N HITE ROAD USTINE, FL	320866101		Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:		() Delete ANCIS R TAL HIGHWA USTINE, FL			Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:	5 BEACHCO	() Delete , MELISSA A DMBER WAY USTINE, FL	,		Title: Name: Address: City-St-Zip:	SD (X CONNER, CAT 206 11TH SAINT AUGUS		, ,	
Title: Name: Address: City-St-Zip:	TD SCOTT, JIL 237 KINGS SAINT AUG		320841378		Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title:	D	() Delete			Title:	() Change (() Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SAMUEL N. SCHLEGEL PD 05/11/2007

SAINT AUGUSTINE, FL 320841370

TURNER, JANE W

245 KINGSTON DRIVE

Name:

Address:

City-St-Zip: