

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000005257 (9)
1. Corporation Name
ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.



| | |
|---|--|
| Principal Place of Business 7801 TOLER COURT ORLANDO FL 32822 | Mailing Address 7801 TOLER COURT ORLANDO FL 32822-8310 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/02/1995 | 3a. Date of Last Report 06/17/1996 |
| 4. FEI Number 59-3337588 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|---|--|

9. Name and Address of Current Registered Agent
**MCDONALD, MICHAEL M
7901 TOLER COURT
ORLANDO FL 32822**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P/D | <input type="checkbox"/> DELETE |
| NAME | MCDONALD, MICHAEL M. | |
| STREET ADDRESS | 7901 TOLER COURT | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| TITLE | D/T | <input type="checkbox"/> DELETE |
| NAME | MCDONALD, PAM | |
| STREET ADDRESS | 7901 TOLER COURT | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| TITLE | D/S | <input checked="" type="checkbox"/> DELETE |
| NAME | ROBERTS, KARL | |
| STREET ADDRESS | 2871 S. CONWAY #330 | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | D- | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | John Duryea | |
| 1.3 STREET ADDRESS | 2024 Shadyhill TERR. | |
| 1.4 CITY-ST-ZIP | Winter Park, FL 32792 | |
| 2.1 TITLE | D- | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Robert Leedy | |
| 2.3 STREET ADDRESS | 1751 Cheyenne | |
| 2.4 CITY-ST-ZIP | Maitland, FL 32751 | |
| 3.1 TITLE | T- | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Mark Braun | |
| 3.3 STREET ADDRESS | 1819 Deanna DR. | |
| 3.4 CITY-ST-ZIP | Orlando, FL 32703 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/25/97** (407) 679-8463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017611

CR2E037 (9/96)