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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005257 (9)
 1. Corporation Name
ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business 7901 TOLER COURT ORLANDO FL 32822	Mailing Address 7901 TOLER COURT ORLANDO FL 32822
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3. Date Incorporated or Qualified
11/02/1995

4. FEI Number
59-3337588

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 934 N. Magnolia Ave. Suite, Apt. #, etc. 22 #307 Suite City & State 23 ORLANDO Florida Zip 24 32803	2a. Mailing Address 25 934 N. Magnolia Ave. Suite, Apt. #, etc. 26 Suite 307 City & State 27 ORLANDO, FL Zip 28 32803 Country 29 USA
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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 **MCDONALD, Michael M**

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

83 **541 TUTEN TRAIL**

84 City **ORLANDO** FL 85 Zip Code **32828**

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	<input checked="" type="checkbox"/> DELETE
NAME	DURYEN, JOHN	
STREET ADDRESS	2024 SHADYHILL TERR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEEDY, ROBERT	
STREET ADDRESS	1751 CHEYENE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MARK	
STREET ADDRESS	1819 DEANNA DR.	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	J/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JASON MILLS	
1.3 STREET ADDRESS	6000 Long Peak Dr.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32810	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOE Polozola	
2.3 STREET ADDRESS	2194 Woodbridge Loop	
2.4 CITY-ST-ZIP	Longwood, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: **Michael M. McDonald** 4/22/98 (407) 426-0510

CR2E037 (10/97)