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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90195 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005257

1. Corporation Name
ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business 934 N MAGNOLIA AVE STE 307 ORLANDO FL 32803 US	Mailing Address 934 N MAGNOLIA AVE STE 307 ORLANDO FL 32803 US
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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	3. Date Incorporated or Qualified 11/02/1995	4. FEI Number 59-3337588	Applied For 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	

9. Name and Address of Current Registered Agent MCDONALD, MICHAEL M 541 TUTEN TRAIL ORLANDO FL 32828	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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	NAME MCDONALD, MICHAEL M.	1.1 TITLE P/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7901 TOLER COURT	CITY-ST-ZIP ORLANDO FL 32822	1.2 NAME MCDONALD, MICHAEL M.	
		1.3 STREET ADDRESS 541 TUTEN TRAIL	
		1.4 CITY-ST-ZIP ORLANDO, FL 32828	
TITLE D/T	NAME MCDONALD, PAM	2.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7901 TOLER COURT	CITY-ST-ZIP ORLANDO FL 32822	2.2 NAME MCDONALD, PAM	
		2.3 STREET ADDRESS 541 TUTEN TRAIL	
		2.4 CITY-ST-ZIP ORLANDO, FL 32828	
TITLE D	NAME MILLS, JASON	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6000 LONG PEAK DR	CITY-ST-ZIP ORLANDO FL 32810	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE D	NAME LEEDY, ROBERT	4.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 1751 CHEYENNE	CITY-ST-ZIP MAITLAND FL	4.2 NAME LEEDY, ROBERT	
		4.3 STREET ADDRESS 1751 CHEYENNE TRAIL	
		4.4 CITY-ST-ZIP MAITLAND, FL 32751	
TITLE D	NAME POLOZOLA, JOE	5.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2194 WOODBRIDGE LOOP	CITY-ST-ZIP LONGWOOD FL 32779	5.2 NAME POLOZOLA, JOE	
		5.3 STREET ADDRESS 1079 CRUMPET CT.	
		5.4 CITY-ST-ZIP LONGBWOOD, FL 32750	
TITLE D	NAME GOMEZ, GALO	6.1 TITLE D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 1709 MOSELLE AVE.	CITY-ST-ZIP ORLANDO FL 32807	6.2 NAME GOMEZ, GALO	
		6.3 STREET ADDRESS 1709 MOSELLE AVE.	
		6.4 CITY-ST-ZIP ORLANDO, FL 32807	

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, with all other like empowered.

SIGNATURE: Galo F. Gomez Director (407) 426-0510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/98)