



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90002 011 ****61.25

DOCUMENT # N95000005257					
1. Entity Name ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.					
Principal Place of Business 3855 EAST COLONIAL DR ORLANDO, FL 32803 US			Mailing Address P.O BOX 140922 ORLANDO, FL 32814-0920 US		
2. Principal Place of Business		3. Mailing Address		07292006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3337588	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDONALD, MICHAEL M 541 TUTEN TRAIL ORLANDO, FL 32828			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, MICHAEL M.		NAME	Berg, Michael	
STREET ADDRESS	541 TUTEN TRAIL		STREET ADDRESS	3325 Glen Village Court	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32822	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JASON		NAME	Mills, Jason	
STREET ADDRESS	960 BLACKWOOD STREET		STREET ADDRESS	960 Blackwood Street	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, DANIEL		NAME		
STREET ADDRESS	1424 NORTH BUMBY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLOZOLA, JOE		NAME	Polozola, Joe	
STREET ADDRESS	109 PINEAPPLE COURT		STREET ADDRESS	109 Pineapple Court	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, GALO		NAME		
STREET ADDRESS	1709 MOSELLE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			7-30-06 407 227-8550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		