


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State


03-27-2007 90006 029 ****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 - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 3855 East Colonial Dr Suite, Apt. #, etc. |
|---|---|

| | | |
|-------------------------|--|------------------------|
| City & State Zip | City & State Orlando FL Zip 32803 | Country Country |
|-------------------------|--|------------------------|



03132007 Chg-NP CR2E037 (12/06)

| | |
|--|---|
| 6. Name and Address of Current Registered Agent MCDONALD, MICHAEL M 541 TUTEN TRAIL ORLANDO, FL 32828 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____

Signature, typed or printed name of registered agent and title if applicable.

| | | | |
|---|--|------------------------------------|---|
| Filing Fee is \$61.25 Due by May 1, 2007 | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD MCDONALD, MICHAEL M. 541 TUTEN TRAIL ORLANDO, FL 32828 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD MILLS, JASON 960 BLACKWOOD STREET ALTAMONTE SPRINGS, FL 32701 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS POLOZOLA, JOE 109 PINEAPPLE COURT LONGWOOD, FL 32750 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOMEZ, GALO 1709 MOSELLE AVE ORLANDO, FL 32807 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERG, MICHAEL 3325 GLEN VILLAGE CT. ORLANDO, FL 32822 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Michael M. McDonald (407) 426-0510 3-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #