

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90774 010 \*\*\*\*61.25

0073506

**DOCUMENT # N95000005257**

1. Entity Name

**ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.**



Principal Place of Business

**624 N BROADWAY  
ORLANDO FL 32803  
US**

Mailing Address

**P.O BOX 140922  
ORLANDO FL 32814-0920  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3337588**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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
NAME	MCDONALD, MICHAEL M.	
STREET ADDRESS	541 TUTEN TRAIL	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, PAM	
STREET ADDRESS	541 TUTEN TRAIL	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MILLS, JASON	
STREET ADDRESS	960 BLACKWOOD STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEEDY, ROBERT	
STREET ADDRESS	1751 CHEYENE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLOZOLA, JOE	
STREET ADDRESS	1079 CRUMPET CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, GALO	
STREET ADDRESS	1709 MOSELLE AVE	
CITY-ST-ZIP	ORLANDO FL 32807	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, C. ALAN	
STREET ADDRESS	5519 GROSS COURT	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINS, DANIEL	
STREET ADDRESS	1424 NORTH BUMBAY AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32803-2114	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JASON	
STREET ADDRESS	960 BLACKWOOD STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLOZOLA, JOE	
STREET ADDRESS	109 PINEAPPLE COURT	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*[Signature]* DANIEL MULLINS, SECRETARY 4/9/03 (407) 426-0510

CR2E037 (10/02)