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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N97000006397**

1. Corporation Name

**VINEDRESSERS MINISTRIES, INC.**

Principal Place of Business

15710 JERICHO DRIVE  
ODESSA FL 33556

Mailing Address

8578 GUNN HWY  
STE 118  
ODESSA FL 33556  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

59-3480569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CONLEY, WENDY  
15710 JERICHO DRIVE  
ODESSA FL 33556

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

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 ☐ DELETE

NAME  
PC  
CONLEY, WENDY  
STREET ADDRESS  
15710 JERICHO DR  
CITY-ST-ZIP  
ODESSA FL 33556

TITLE ☐ DELETE

NAME  
TSD  
PYBUS, GWEN  
STREET ADDRESS  
2826 CEDAR RIDGE DR  
CITY-ST-ZIP  
TAMPA FL 33618

TITLE ☐ DELETE

NAME  
D  
FARRAGUT, WILLIAM  
STREET ADDRESS  
14022 ARBOR KNOLL CIR  
CITY-ST-ZIP  
TAMPA FL 33625

TITLE ☐ DELETE

NAME  
D  
HARRISON, CONLEY  
STREET ADDRESS  
15710 JERICHO DR  
CITY-ST-ZIP  
ODESSA FL 33556

TITLE ☐ DELETE

NAME  
D  
JONES, PAMELA  
STREET ADDRESS  
601 S BROAD ST  
CITY-ST-ZIP  
CAMDEN SC 29020

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-15-99

813-926-8084

Date

Daytime Phone #

CR2E037 (11/98)