

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006780

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC0741795019**

**Entity Name:** THE VINE HOMESCHOOLING CO-OP, INC.

**Current Principal Place of Business:**

1942 VALENCIA DRIVE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1942 VALENCIA DRIVE  
JACKSONVILLE, FL 32207 UN

**FEI Number: 27-3517309**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALTON, CONNIE  
1942 VALENCIA DRIVE  
JACKSONVILLE, FL 32207 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           A  
Name           ALTON, CONNIE  
Address        1942 VALENCIA DRIVE  
City-State-Zip: JACKSONVILLE FL 32207

Title           T  
Name           BERGERON, NATALIE  
Address        5318 HIDDEN GARDENS DRIVE  
City-State-Zip: JAX FL 32258

Title           D  
Name           MOORE, LISA  
Address        11248 BLACKJACK OAK DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title           D  
Name           KINMAN, GRACE  
Address        2434 PEACH DRIVE  
City-State-Zip: JAX FL 32246

Title           D  
Name           MEADOWS, JEANNA  
Address        11715 DONATO DRIVE 11715 DONATO  
                  DRIVE  
City-State-Zip: JAX FL 32226

Title           D  
Name           THRIFT, AMY  
Address        9762 LEAHY ROAD  
City-State-Zip: JAX FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CONNIE M. ALTON**

**ADMINISTRATOR**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date