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May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708054

1. Corporation Name: Vineyard of the Islands, Inc.
D.B.A. Vineyard Christian Fellowship of Cape Coral

NON-Profit with IRS 501(c)(3) TAX Exempt Status

Principal Place of Business	Mailing Address
	V.C.F. Cape Coral P.O. Box 152138 Cape Coral, Fl. 33915

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 23	Suite, Apt. #, etc. 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/03/1964
3a. Date of Last Report: 03/19/92
4. FEI Number: 596529160
☐ Applied For ☐ Not Applicable
Trust Fund Contribution ☐ $8.75 Additional Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jamie J. Stilson 251 Southwinds Sanibel, Fl. 33957 Wayne Levy 2401 Shop Rd. Sanibel, Fl. 33957	81 Name: Jamie J. Stilson 82 Street Address (P.O. Box Number is Not Acceptable): 251 Southwinds 83 Sanibel Fl. 84 City FL 85 Zip Code 33957

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: Jamie J. Stilson 3/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Jamie J. Stilson 251 Southwinds Sanibel, Fl. 33957	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Jamie J. Stilson 251 Southwinds Sanibel Fl. 33957	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S/T~~ ~~Wayne Levy~~ ~~829 Rabbit Rd~~ ~~Sanibel Fl. 33957~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/Eley; William 538 Rotunda Parkway Cape Coral Fl. 33904	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P/Munyan, Tim 4115 Sanibel Captiva Rd Sanibel Fl. 33957	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	900002205579 -06/09/97--01057--028 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	PE 5.29	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Jamie J. Stilson Jamie J. Stilson 3/24/97 941-4723386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #