

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708054

FILED
Jan 29, 2008
Secretary of State

Entity Name: VINEYARD OF THE ISLANDS, INC.

Current Principal Place of Business:

923 SE 47TH TERRACE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

923 SE 47TH TERRACE
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-6529160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STILSON, JAMIE J
1225 SW 21ST TERR
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STILSON, JAMIE J
Address: 1225 SW 21ST TERR.
City-St-Zip: CAPE CORAL, FL 33994

Title: S () Delete
Name: WILLIAMS, CHARLES
Address: 1932 SE 9TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: WOLFE, RICHARD T
Address: 5506 SW 14TH AVE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMIE J STILSON

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date