

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

06 JUL 28 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07252006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # 715706</b>					
1. Entity Name VINEYARD CHRISTIAN FELLOWSHIP OF INVERNESS, FLORIDA, INC.					
Principal Place of Business 960 S. U.S. HIGHWAY 41 INVERNESS, FL 32650-3861			Mailing Address 960 S. U.S. HIGHWAY 41 INVERNESS, FL 32650-3861		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2373475	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALLARD, THEODORE K 9700 E REGENCY ROW INVERNESS, FL 34450			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TR BENSON, ORMIE A 5600 E. AVON ST. INVERNESS, FL 344527560 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR change to vice president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTRD BALLARD, T. KEVIN 9700 E REGENCY ROW INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000078274130 08/02/06--01049--020 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTTR TEMPLE, RYAN 1029 LEHIGH TERRACE INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR REID, BRENDA L 604 SPRUCE ST. INVERNESS, FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EADLER, GREIG 4480 E STOER LANE FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Donald Stewart <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1919 Forest Dr INVERNESS FL 34453		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KHOURY, RON 9800 E REGENCY ROW INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR change to trasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Brenda L Reid</u> 7/25/06 352 726 1480					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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