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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000002789 (6)

1. Corporation Name

WILLAMETTE VALLEY VINEYARDS, INC.

Principal Place of Business

8800 ENCHANTED WAY. SE
TURNER OR 97392

Mailing Address

8800 ENCHANTED WAY. SE
TURNER OR 97392-8580



3. Date Incorporated or Qualified

06/09/1993

3a. Date of Last Report

04/23/1996

4. FEI Number

93-0981021

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEARCE, THOMAS S
504 S. ALBANY AVE., #D
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

Mike Coryell

82 Street Address (P.O. Box Number is Not Acceptable)

1215 Appleton Ave.

83

84 City

Orlando

FL

85 Zip Code

32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DCP
BERNAU, JAMES W
STREET ADDRESS 8800 ENCHANTED WAY, SE
CITY - ST - ZIP TURNER OR 97392

TITLE ☐ DELETE

NAME DVC
VOORHIES, DONALD
STREET ADDRESS 1715 WICKSHIRE COURT
CITY - ST - ZIP SALEM OR

TITLE ☐ DELETE

NAME D
ELLIS, JAMES L
STREET ADDRESS 7850 SE KING ROAD
CITY - ST - ZIP MILWAUKIE OR 97222

TITLE ☐ DELETE

NAME D
COTTINGHAM, BILLIE M
STREET ADDRESS 4760 SW DOGWOOD
CITY - ST - ZIP LAKE OSWEGO OR 97055

TITLE ☐ DELETE

NAME D
SMITH, DANIEL S
STREET ADDRESS 26978 BRIGG HILL RD.
CITY - ST - ZIP EUGENE OR 97405

TITLE ☐ DELETE

NAME D
O'BRIAN, BETTY
STREET ADDRESS 22500 INGRAM LANE
CITY - ST - ZIP SALEM OR 97304

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME VICE PRESIDENT
13 STREET ADDRESS KEVIN R. CHAMBERS
14 CITY - ST - ZIP 8800 Enchanted Way SE
Turner, OR 97392

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/97

Date

Daytime Phone #

CR2E034 (9/96)