2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N00000004049

Entity Name: VINEYARD CHRISTIAN FELLOWSHIP-PALM BAY, INC.

Current Principal Place of Business:

1985 TRAPP AVE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

1985 TRAPP AVE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 59-3662739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIXON, SCOTT C
550 E STRAWBRIDGE AVE
MELBOURNE, FL 32901 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: PD ( ) Delete
Name: CLARK, THOMAS F
Address: 131 TREETOP DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD ( ) Delete
Name: CLARK, SANDY
Address: 131 TREETOP DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T ( ) Delete
Name: PARROTT, RON
Address: 35 BARTON AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD ( ) Delete
Name: DEACON, ROBERT
Address: 1525 MASTERS RD NW
City-St-Zip: PALM BAY, FL 32907

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS F. CLARK PD 01/04/2005

Electronic Signature of Signing Officer or Director — Date