2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004049

FILED Feb 16, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1985 TRAPP AVE PALM BAY, FL 32909

Current Mailing Address: New Mailing Address:

1985 TRAPP AVE PALM BAY, FL 32909

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIXON, SCOTT C 550 E STRAWBRIDGE AVE MELBOURNE, FL 32901 US

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:

Flateric Circulate of Decident Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CLARK, THOMAS F
 Name:
 CLARK, THOMAS F

 Address:
 131 TREETOP DR
 Address:
 1985 TRAPP AVE SE

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 City-St-Zip:
 PALM BAY, FL 32909

Title: SD () Delete Title: SD (X) Change (

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 CLARK, SANDY
 Name:
 CLARK, SANDY

 Address:
 131 TREETOP DR
 Address:
 1985 TRAPP AVE SE

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 City-St-Zip:
 PALM BAY, FL 32909

Title: T () Delete Title: () Change () Addition

 Name:
 PARROTT, RON
 Name:

 Address:
 35 BARTON AVE
 Address:

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 DEACON, ROBERT
 Name:
 AUSTIN, PAUL

 Address:
 1525 MASTERS RD NW
 Address:
 996 NEVADA NW

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:
 PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS F. CLARK PD 02/16/2006