

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90117 028 \*\*\*\*61.25

<b>DOCUMENT # N00000006167</b> 1. Entity Name <b>THE VINE AND BRANCH MINISTRIES, INC.</b>					
Principal Place of Business <b>1800 AUSTRALIAN AVE., SOUTH SUITE 100 WEST PALM BEACH, FL 33409</b>			Mailing Address <b>1800 AUSTRALIAN AVE., SOUTH SUITE 100 WEST PALM BEACH, FL 33409</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SPEER, W. MORGAN 1800 AUSTRALIAN AVE., SOUTH SUITE 100 WEST PALM BEACH, FL 33409</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADFORD, PAUL G			NAME	
STREET ADDRESS	34041 123RD LANE SE 3921 S. 344th St			STREET ADDRESS	
CITY-ST-ZIP	AUBURN, WA 98092 98001			CITY-ST-ZIP	
TITLE	STD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADFORD, WANDA I			NAME	
STREET ADDRESS	34041 123RD LANE SE 3921 S. 344th St			STREET ADDRESS	
CITY-ST-ZIP	AUBURN, WA 98092 98001			CITY-ST-ZIP	
TITLE	DC			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DONALD O			NAME	
STREET ADDRESS	PO BOX 800985 PO Box 146			STREET ADDRESS	
CITY-ST-ZIP	TOSCOGA FALLS, GA 30599 ELBERTA, AL 36530			CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I 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 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 the empowered.					
<b>SIGNATURE:</b> <u>Paul G. Radford</u> <span style="float: right;">4/30/04</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					