

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91476 040 *****61.25

DOCUMENT # N00000006167

1. Entity Name
THE VINE AND BRANCH MINISTRIES, INC.



Principal Place of Business
**1800 AUSTRALIAN AVE., SOUTH
SUITE 100
WEST PALM BEACH, FL 33409**

Mailing Address
**1800 AUSTRALIAN AVE., SOUTH
SUITE 100
WEST PALM BEACH, FL 33409**

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1043689

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPEER, W. MORGAN
1800 AUSTRALIAN AVE., SOUTH
SUITE 100
WEST PALM BEACH, FL 33409**

Name

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

City

FL

Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RADFORD, PAUL G
STREET ADDRESS 31041 123RD LANE S.E.
CITY-STATE-ZIP AUBURN, WA 98092

TITLE STD ☐ Delete
NAME RADFORD, WANDA I
STREET ADDRESS 31041 123RD LANE S.E.
CITY-STATE-ZIP AUBURN, WA 98092

TITLE DC ☒ Delete
NAME YOUNG, DONALD O
STREET ADDRESS PO BOX 800985
CITY-STATE-ZIP TOCCOA FALLS, GA 30598

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-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 like empowered.

SIGNATURE:

Paul G Radford Paul G Radford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 253 735 1209

Day

Daytime Phone #

CP2E037 (10/02)