

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90025 005 \*\*\*\*70.00

**DOCUMENT # N00000008360**

1. Entity Name  
**VINEYARD MINISTRIES INC.**



Principal Place of Business  
**502 NW 7TH TERRACE  
FORT LAUDERDALE, FL 33311**

Mailing Address  
**PO BOX 491553  
FT. LAUDERDALE, FL 33349**

**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-1088546**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, IVORY  
3571 NW 2ND ST.  
FT. LAUDERDALE, FL**

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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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BOZEMAN, ALICIA
STREET ADDRESS	1722 LAUDERDALE MANORS DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	BOZEMAN, JOHN E
STREET ADDRESS	1722 LAUDERDALE MANORS DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	FREEMAN, LENA
STREET ADDRESS	519 NW 7TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	DIRECTOR
NAME	LAWANDA WALKER
STREET ADDRESS	533 NW 17TH AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 15, 07** **(954) 527 6673**  
Date Daytime Phone #