2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00000008360

Entity Name: VINEYARD MINISTRIES INC.

Current Principal Place of Business:

502 NW 7TH TERRACE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 491553
FT. LAUDERDALE, FL 33349

New Mailing Address:

FEI Number: 65-1088546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, IVORY
3571 NW 2ND ST.
FT. LAUDERDALE, FL 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: D ( ) Delete
Name: BOZEMAN, ALICIA
Address: 1722 LAUDERDALE MANORS DR
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: BOZEMAN, JOHN E
Address: 1722 LAUDERDALE MANORS DR
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: FREEMAN, LENA
Address: 519 NW 7TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: WALKER, LAWANDA
Address: 533 NW 17TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311

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 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: JOHN E BOZEMAN D 04/30/2009

Electronic Signature of Signing Officer or Director — Date