

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90017 042 ****61.25

DOCUMENT # N01752

1. Entity Name
VINEYARD CHRISTIAN FELLOWSHIP OF
JACKSONVILLE, FLORIDA, INC.



Principal Place of Business
5854 UNIVERSITY BLVD W
JACKSONVILLE, FL 32216 US

Mailing Address
5860 MOUNT CARMEL TERRACE
JACKSONVILLE, FL 32216 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2401669

Applied For
Not Applicable

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

WALLIS, RICHARD C
3306 EMAN DRIVE
JACKSONVILLE, FL 32216

Name

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

City

FL

Zip Code

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME STOWELL, COLLEY
STREET ADDRESS 5180 SIESTA DEL RIO DR.
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Change ☒ Addition
NAME AARON ALBRITTON
STREET ADDRESS 12911 SILVER OAK DR
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE STD ☐ Delete
NAME ALBRITTON, JOHN F.
STREET ADDRESS 3809 MEEKS DR
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OYLER, KEVIN
STREET ADDRESS 117 CREEK PARK CIRCLE
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CPD ☐ Delete
NAME WALLIS, RICHARD C
STREET ADDRESS 3306 EMAN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PEARSON, DANIEL
STREET ADDRESS 746 HAMILTON STREET
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOWELL, LISA
STREET ADDRESS 6615 NEWCASTLE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard Wallis President

4-4-06 904-737-2386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #