## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001977

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE VINEYARD OF OKEECHOBEE, INC.

FILED Apr 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 970 N.W. 113TH DRIVE OKEECHOBEE, FL 34972 **Current Mailing Address: New Mailing Address:** 970 N.W. 113TH DRIVE OKEECHOBEE, FL 34972 FEI Number: 03-0419818 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPRADLIN, ROBYN 970 N.W. 113TH DRIVE OKEECHOBEE, FL 34972 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SPRADLIN, ROBYN PASTOR Name: Name: 970 N.W. 113TH DRIVE Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 D City-St-Zip: ( ) Delete Title: STD Title: () Change () Addition BROOKMAN, JEAN A Name: Name: Address: 1030 N.W. 113TH DRIVE Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: Title: () Delete Title: () Change () Addition HINES, ROBERT Name: Name: 1064 N.W. 113TH DRIVE Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: ELLIS, TOM Name: 1011 N.W. 7TH STREET Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBYN SPRADLIN D 04/20/2004

( ) Delete

KERN, ROBERT

970 N.W. 113TH DRIVE

OKEECHOBEE, FL 34972

() Change () Addition