

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001977

FILED
Mar 05, 2006
Secretary of State

Entity Name: THE VINEYARD OF OKEECHOBEE, INC.

Current Principal Place of Business:

970 N.W. 113TH DRIVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

BLDG # 6 EAST END SHOPPES
HWY 70 E.
OKEECHOBEE, FL 34972

Current Mailing Address:

970 N.W. 113TH DRIVE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 03-0419818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRADLIN, ROBYN
970 N.W. 113TH DRIVE
OKEECHOBEE, FL 34972 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: SPRADLIN, ROBYN PASTOR
Address: 970 N.W. 113TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972 D

Title: STD () Delete
Name: BROOKMAN, JEAN A
Address: 1030 N.W. 113TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: HINES, ROBERT
Address: 1011 N.W. 7TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: KERN, ROBERT
Address: 970 N.W. 113TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

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 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: ROBYN SPRADLIN

D

03/05/2006

Electronic Signature of Signing Officer or Director

Date