


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90018 044 ****70.00

DOCUMENT # N03000000379 1. Entity Name VINEYARD OF LOVE MINISTRY, INC.																																																																																																																													
Principal Place of Business 5657 N TALL PINE ROAD MACCLENLY, FL 32063			Mailing Address 5657 N TALL PINE ROAD MACCLENLY, FL 32063																																																																																																																										
2. Principal Place of Business Olustee, Florida Suite, Apt. #, etc.		3. Mailing Address 5657 N Tall pine Suite, Apt. #, etc.																																																																																																																											
City & State Macclenny Fla Zip 32063		City & State Country		4. FEI Number 20-0351055																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																																																																																																																											
6. Name and Address of Current Registered Agent ALEXANDER, TROY 5657 N TALL PINE ROAD MACCLENLY, FL 32063																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																													
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u><i>Troy Alexander</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> 2-17-04 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALEXANDER, TROY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5657 N TALL PINE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MACCLENLY, FL 32063</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARTON, CLIFTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 1 BOX P-18</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GLEN ST. MARY, FL 32040</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALEXANDER, ANGELA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5657 N TALL PINE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MACCLENLY, FL 32063</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARTON, ALYSSA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 1 BOX P-18</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GLEN ST. MARY, FL 32040</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	ALEXANDER, TROY		STREET ADDRESS	5657 N TALL PINE ROAD		CITY-ST-ZIP	MACCLENLY, FL 32063		TITLE	D	<input type="checkbox"/> Delete	NAME	BARTON, CLIFTON		STREET ADDRESS	RT 1 BOX P-18		CITY-ST-ZIP	GLEN ST. MARY, FL 32040		TITLE	D	<input type="checkbox"/> Delete	NAME	ALEXANDER, ANGELA		STREET ADDRESS	5657 N TALL PINE ROAD		CITY-ST-ZIP	MACCLENLY, FL 32063		TITLE	D	<input type="checkbox"/> Delete	NAME	BARTON, ALYSSA		STREET ADDRESS	RT 1 BOX P-18		CITY-ST-ZIP	GLEN ST. MARY, FL 32040		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	ALEXANDER, TROY																																																																																																																												
STREET ADDRESS	5657 N TALL PINE ROAD																																																																																																																												
CITY-ST-ZIP	MACCLENLY, FL 32063																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	BARTON, CLIFTON																																																																																																																												
STREET ADDRESS	RT 1 BOX P-18																																																																																																																												
CITY-ST-ZIP	GLEN ST. MARY, FL 32040																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	ALEXANDER, ANGELA																																																																																																																												
STREET ADDRESS	5657 N TALL PINE ROAD																																																																																																																												
CITY-ST-ZIP	MACCLENLY, FL 32063																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	BARTON, ALYSSA																																																																																																																												
STREET ADDRESS	RT 1 BOX P-18																																																																																																																												
CITY-ST-ZIP	GLEN ST. MARY, FL 32040																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Angela Alexander</i></u> 2-17-04 904 259-5567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone #</small> </div>																																																																																																																													