

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000379

FILED
Feb 18, 2005
Secretary of State

Entity Name: VINEYARD OF LOVE MINISTRY, INC.

Current Principal Place of Business:

5657 N TALL PINE ROAD
MACCLENNEY, FL 32063

New Principal Place of Business:

Current Mailing Address:

5657 N TALL PINE ROAD
MACCLENNEY, FL 32063

New Mailing Address:

FEI Number: 20-0351055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEXANDER, TROY
5657 N TALL PINE ROAD
MACCLENNEY, FL 32063 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: ALEXANDER, TROY
Address: 5657 N TALL PINE ROAD
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: BARTON, CLIFTON
Address: RT 1 BOX P-18
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Delete
Name: ALEXANDER, ANGELA
Address: 5657 N TALL PINE ROAD
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: BARTON, ALYSSA
Address: RT 1 BOX P-18
City-St-Zip: GLEN ST. MARY, FL 32040

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 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.

SIGNATURE: TROY ALEXANDER

D

02/18/2005

Electronic Signature of Signing Officer or Director

Date