2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N03000000379

Entity Name: VINEYARD OF LOVE MINISTRY, INC.

Current Principal Place of Business:

5657 N TALL PINE ROAD
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

5657 N TALL PINE ROAD
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 20-0351055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, TROY
5657 N TALL PINE ROAD
MACCLENNY, 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: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: PADGETT, WELSEY
Address: 24266 EAST U.S 90
City-St-Zip: OLUSTEE, FL 32072

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

Title: D ( ) Delete
Name: PADGETT, KIMBERLY
Address: 24266 EAST U.S 90
City-St-Zip: OLUSTEE, FL 32072

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PADGETT, WESLEY
Address: 24266 EAST U.S 90
City-St-Zip: OLUSTEE, FL 32072

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 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: ANGELA ALEXANDER D 03/22/2009

Electronic Signature of Signing Officer or Director — Date