

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004402

FILED
Mar 05, 2005
Secretary of State

Entity Name: VINE LIFE CHURCH, INC.

Current Principal Place of Business:

1059 NW 119TH STREET
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

1059 NW 119TH STREET
NORTH MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-0859703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMAX, CALVIN
6017 SW 34TH STREET #2
HOLLYWOOD, FL 33023 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: LOMAX, CALVIN
Address: 6017 SW 34TH STREET #2
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: LOMAX, VALERIE
Address: 6017 SW 34TH STREET #2
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: NICKLES, TANISHA
Address: 6035 SW 37TH STREET #3
City-St-Zip: MIRAMAR, FL 33023

Title: D (X) Delete
Name: MAYARD, SHEKINAH
Address: 1501 NE 191TH STREET, #205C
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D (X) Delete
Name: JOHNSON, JERMAINE
Address: 13991 SW 122ND AVENUE #302
City-St-Zip: MIAMI, FL 33186

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: CALVIN G. LOMAX

D

03/05/2005

Electronic Signature of Signing Officer or Director

Date