2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2004 8:00 am
Secretary of State
03-16-2004 90046 028 ****61.25

DOCUMENT # N03000004802

1. Entity Name
MY FATHER'S VINEYARD MINISTRIES, INC.

Principal Place of Business	Mailing Address
2350 DEVINE FARMS RD CANTONMENT, FL 32533	2350 DEVINE FARMS RD CANTONMENT, FL 32533

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03022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
418 Hwy. 29 S.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CANTONMENT, FL	City & State
Zip: 32533 Country: ESCAMBIA	Zip Country

4. FEI Number: 13-425 4423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SARTALAMACCHIA, CARLEY J ~~3804 S HWY 29~~ 2350 DEVINE FARM RD CANTONMENT, FL 32533	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE Carley J Sartalamacchia SECRETARY CARLEY J. SARTALAMACCHIA 10 MAR 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR WALKER, KIP 631 PINEBROOK CIRCLE CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANN Daniel 5801 Barrineau Lane Molino, FL 32577 DIRECTOR	☐ Change ☒ Addition DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR MARQUIS, FRANCIS G III 7333 PINE FOREST RD LOT 150 PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARQUIS, FRANCIS G III 1109 Williams Ditch Rd. CANTONMENT, FL 32533	☒ Change ☐ Addition DIRECTOR VICE PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT ALVAREZ, ROBERT W 878 EL CAMINO DR CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALVAREZ, ROBERT W. 2325 Majestic DR. Pensacola, FL 32534	☒ Change ☐ Addition PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY/TREASURER SARTALAMACCHIA, CARLEY J 2350 DEVINE FARMS RD CANTONMENT, FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHUCK MAYO 639 Candy Lane CANTONMENT, FL 32533	☐ Change ☒ Addition DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KIM BROWN 4114 Dewey Rose Lane CANTONMENT, FL 32533	☐ Change ☒ Addition DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SECRETARY CARLEY J. SARTALAMACCHIA 10 MAR 04 (850)474-0989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #