

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004802

FILED
May 13, 2006
Secretary of State

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

Current Principal Place of Business:

418 HWY 29 S
CANTONMENT, FL 32533

New Principal Place of Business:

8260 PENSACOLA BLVD.
PENSACOLA, FL 32534

Current Mailing Address:

2350 DEVINE FARMS RD
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 13-4254423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SARTALAMACCHIA, CARLEY J
2350 DEVINE FARM RD
CANTONMENT, FL 32533 US

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: WALKER, KIP
Address: 631 PINEBROOK CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: DV () Delete
Name: MARQUIS, FRANCIS G III
Address: 7813 NOKOMIS RFD
City-St-Zip: WALNUTHILL, FL 32568

Title: P () Delete
Name: ALVAREZ, ROBERT W
Address: 2325 MAJESTIC DR
City-St-Zip: PENSACOLA, FL 32534

Title: ST () Delete
Name: SARTALAMACCHIA, CARLEY J
Address: 2350 DEVINE FARMS RD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: DANIEL, ANN
Address: 5801 BARRINEAU LANE
City-St-Zip: MOLINO, FL 32577

Title: D (X) Delete
Name: MAYO, CHUCK
Address: 639 CANDY LANE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: CHRISTINE, EDNA D
Address: 3981 STEFANI ROAD
City-St-Zip: CANTONMENT, FL 32533

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 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: CARLEY J. SARTALAMACCHIA

ST

05/13/2006

Electronic Signature of Signing Officer or Director

Date