

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007314

FILED
Jun 29, 2005
Secretary of State

Entity Name: MATTHEW'S HOUSE VINEYARD, INC.

Current Principal Place of Business:

714 W PARK ST
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

714 W PARK ST
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 75-3127776 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:

PONCHAK, THOMAS R JR
714 W. PARK ST
LAKELAND, FL 33803 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: P () Delete
Name: PONCHAK, THOMAS R JR
Address: 714 W PARK ST
City-St-Zip: LAKELAND, FL 33803 US

Title: VP () Delete
Name: PONCHAK, LISA P
Address: 714 W PARK ST
City-St-Zip: LAKELAND, FL 33803 US

Title: TREA () Delete
Name: SALLEE, CHRIS
Address: 208 W PATTERSON ST
City-St-Zip: LAKELAND, FL 33803 US

Title: SEC () Delete
Name: GHIOTTO, JEFF
Address: 15201 ROOSEVELT BLVD #107
City-St-Zip: CLEARWATER, FL 33760 US

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: THOMAS R PONCHAK, JR

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date