2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010140

FILED Apr 21, 2009 Secretary of State

Entity Name: WORD VINE CHRISTIAN FELLOWSHIP INC.

Current Principal Place of Business:		New Principal Place of Busines	New Principal Place of Business:	
	GUNDY ROAD WILLE, FL 32208			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	RD TAYLOR DR. IVILLE, FL 32246			
FEI Number	: 37-1469994 FEI Number Applied For ()	FEI Number Not Applicable () Certificat	te of Status Desired (X)	
Name and	d Address of Current Registered Agent:	Name and Address of New Regi	istered Agent:	
11122 ĽOI	ARRY W DR. RD TAYLOR DR. IVILLE, FL 32246 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or re	egistered agent, or both,	
SIGNATU				
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address:	P () Delete MINOR, LARRY W DR. 11122 LORD TAYLOR DR.	Title: () Change (Name:) Addition	
	JACKSONVILLE, FL 32246	Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:) Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	JACKSONVILLE, FL 32246 D/S () Delete MINOR, BARBARA A DR. 11122 LORD TAYLOR DR.	City-St-Zip: Title: () Change (Name: Address:	,	
City-St-Zip: Title: Name: Address:	JACKSONVILLE, FL 32246 D/S () Delete MINOR, BARBARA A DR. 11122 LORD TAYLOR DR. JACKSONVILLE, FL 32246 D/T () Delete WRIGHT, SIDNEY L REV. 1451 WEST UNION ST.	City-St-Zip: Title: () Change (Name: Address: City-St-Zip: Title: () Change (Name: Address:) Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D/S () Delete MINOR, BARBARA A DR. 11122 LORD TAYLOR DR. JACKSONVILLE, FL 32246 D/T () Delete WRIGHT, SIDNEY L REV. 1451 WEST UNION ST. JACKSONVILLE, FL 32209 D () Delete JOHNSON, PERCY M DEC. 1751 WEST 14TH STREET	City-St-Zip: Title: () Change (Name: Address: City-St-Zip: Title: () Change (Name: Address: City-St-Zip: Title: () Change (Name: Address: City-St-Zip:) Addition) Addition	

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: DR. LARRY W. MINOR PRES 04/21/2009