## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000006691

FILED Apr 09, 2007 Secretary of State

Entity Name: DORAL VINEYARD CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:		New Principal Place of Business:		
570 N. W IIAMI, FL	/. 113TH PATH 33178 US			
urrent N	lailing Address	<b>::</b>	New Mailing Addres	ss:
570 N. W IAMI, FL	/. 113TH PATH 33178 US			
El Number	: 20-1345147	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
ame and	d Address of Co	ırrent Registered Agent:	Name and Address	of New Registered Agent:
,	RAFAEL J . 113TH PATH 33178 US			
		ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
the State	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
the State	e named entity si e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both,  Date
the State	e named entity si e of Florida. RE:	c Signature of Registered Age	ent	
the State	e named entity si e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Age CORS: Delete L J THIS PATH	ent	Date
the State GNATUI FFICER: ame: ldress:	e named entity si e of Florida. RE: Electroni S AND DIRECT PD ()I GOMEZ, RAFAE 7570 N. W. 1131 MIAMI, FL 3317	C Signature of Registered Age CORS: Delete L J H PATH 8 US Delete ROL	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
FFICER: de: ame: ddress: ty-St-Zip: de: ame: ddress:	e named entity si e of Florida.  RE: Electroni  S AND DIRECT  PD () I  GOMEZ, RAFAE 7570 N. W. 1131  MIAMI, FL 3317  D () I  ALBANESE, CAF 6365 SW 30 ST  MIAMI, FL 3315	C Signature of Registered Age ORS: Delete L J H PATH 8 US Delete ROL 5 US Delete	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: CAROL ALBANESE D 04/09/2007