

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006780

FILED  
Apr 02, 2010  
Secretary of State

Entity Name: THE VINE HOMESCHOOLING CO-OP, INC.

## Current Principal Place of Business:

3989 OLD MILL COVE TR E  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

1942 VALENCIA DRIVE  
JACKSONVILLE, FL 32207

## Current Mailing Address:

3989 OLD MILL COVE TR E  
JACKSONVILLE, FL 32277

## New Mailing Address:

1942 VALENCIA DRIVE  
JACKSONVILLE, FL 32207

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MALONE, DEBORAH B  
3989 OLD MILL COVE TR E  
JACKSONVILLE, FL 32277      US

## Name and Address of New Registered Agent:

ALTON, CONNIE  
1942 VALENCIA DRIVE  
JACKSONVILLE, FL 32207      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: CONNIE ALTON

04/02/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: A  
Name: ALTON, CONNIE  
Address: 1942 VALENCIA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T  
Name: BERGERON, NATALIE  
Address: 5318 HIDDEN GARDENS DRIVE  
City-St-Zip: JAX, FL 32258

Title: D  
Name: DAVIDSON, REBECCA  
Address: 3905 RODDY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: HORTON, MARIA  
Address: 2725 DALMATION LANE EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D  
Name: KINMAN, GRACE  
Address: 2434 PEACH DR  
City-St-Zip: JAX, FL 32246

Title: D  
Name: CAMPBELL, ROBIN  
Address: 11425 WOODSING LOOP S  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: CONNIE M. ALTON

MRS.

04/02/2010

Electronic Signature of Signing Officer or Director

Date