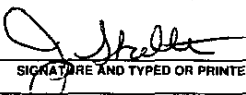


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90059 015 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                              |                                                                                                                     |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT #N04000007083</b><br>1. Entity Name<br><b>VINEYARD COMMUNITY CHURCH, A FLORIDA CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                              |                                                                                                                     |                                                     |  |
| Principal Place of Business<br><b>219 LEAWOOD CIR.<br/>NAPLES FL 34104</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                              | Mailing Address<br><b>PO BOX 8741<br/>NAPLES FL 34101</b>                                                           |                                                                                                                                      |  |
| 2. Principal Place of Business<br><b>200 Airport Road</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                    |                                                                                                                     |                                                                                                                                      |  |
| City & State<br><b>Naples FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 | City & State                                                                 |                                                                                                                     | 4. FEI Number <b>59-3538009</b>                                                                                                      |  |
| Zip <b>34104</b> Country <b>Collier</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 | Zip Country                                                                  |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>SKELTON, DAVID<br/>219 LEAWOOD CIR.<br/>NAPLES FL 34104</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                              |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                              |                                                                                                                     |                                                                                                                                      |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                                              |                                                                                                                     |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br><b>SKELTON, DAVID</b><br><b>219 LEAWOOD CIR.</b><br><b>NAPLES FL 34104</b>          | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP</b><br><b>RYERSON, EDWARD</b><br><b>2101 55TH ST. SW</b><br><b>NAPLES FL 34104</b>        | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DST</b><br><b>WARD, MEREDITH</b><br><b>2048 41ST TERRACE S.W.</b><br><b>NAPLES FL 34116</b>  | <input checked="" type="checkbox"/> Delete                                   |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TS</b><br><b>SKELTON, JOY</b><br><b>219 LEAWOOD CIR.</b><br><b>NAPLES FL 34104</b>           | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Empty)                                                                                         | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Empty)                                                                                         | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br><b>SKELTON, David</b><br><b>625 Santa Fe Circle #201</b><br><b>Naples, FL 34104</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TS</b><br><b>SKELTON, Joy</b><br><b>625 Santa Fe Circle #201</b><br><b>Naples, FL 34104</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Empty)                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Empty)                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                     |                                                                                                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                 |                                                                              |                                                                                                                     |                                                                                                                                      |  |
| <b>SIGNATURE:</b>  <b>4-12-04</b> <b>239.649.0459</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                              |                                                                                                                     |                                                                                                                                      |  |