

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007083

FILED
Feb 13, 2008
Secretary of State

Entity Name: VINEYARD COMMUNITY CHURCH, INC.

Current Principal Place of Business:

3400 RADIO ROAD SUITE 107
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8741
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3538007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKELTON, DAVID
625 SARATOGA CIRCLE #201
NAPLES, FL 34104 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: SKELTON, DAVID
Address: 625 SARATOGA CIRCLE., #201
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: JOY, SKELTON
Address: 625 SARATOGA CIRCLE #201
City-St-Zip: NAPLES, FL 34104

Title: ST (X) Delete
Name: CIFALDI, PAUL
Address: 27 CHATEAU WAY
City-St-Zip: NAPLES, FL 34112

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:

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: DAVID SKELTON

P

02/13/2008

Electronic Signature of Signing Officer or Director

_____ Date