

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90321 010 ***150.00

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DOCUMENT # N04000007083

1. Entity Name
VINEYARD COMMUNITY CHURCH, A FLORIDA CORPORATION



Principal Place of Business
**2101 55TH ST. S.W.
NAPLES FL 34116**

Mailing Address
**P O BOX 8741
NAPLES FL 34101**

2. Principal Place of Business

3. Mailing Address

219 Leewood Circle

Suite, Apt. #, etc.

Naples, FL

Suite, Apt. #, etc.

P.O. Box 8741

City & State

City & State

Naples, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3538009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANKIN, DOUGLAS L ESQ
2335 TAMiami TRAIL N., #308
NAPLES FL 34103**

Name **David Skelton**

Street Address (P.O. Box Number is Not Acceptable)

219 Leewood Circle

City **Naples**

FL

Zip Code
34104

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 **David Skelton**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYERSON, EDWARD 2101 55TH ST. S.W. NAPLES FL 34116	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYERSON, DONNA 2101 55TH ST. S.W. NAPLES FL 34116	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARD, MEREDITH 2048 41ST TERRACE S.W. NAPLES FL 34116	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Skelton, David 219 Leewood Circle Naples, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ryerson, Edward 2101 55th St SW Naples, FL 34116	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas./Sec. Skelton, Jay 219 Leewood Circle Naples, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 - 2326490459

Date

Daytime Phone #

CR2E034 (10/02)