

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90089 010 ****70.00

DOCUMENT # N05000000665

1. Entity Name
GATE TO THE VINEYARD MINISTRIES, INC.



Principal Place of Business
3290 YUCATAN PLACE
JACKSONVILLE, FL 32225

Mailing Address
3290 YUCATAN PLACE
JACKSONVILLE, FL 32225

20015266



2. Principal Place of Business

623 University Blvd N.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02212006 Chg-NP CR2E037 (11/05)

City & State

Jacksonville, FL

City & State

4. FEI Number

54-2116164169

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, LARRY L
3290 YUCATAN PLACE
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GRIFFIN, LARRY L
STREET ADDRESS 3290 YUCATAN PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE V ☐ Delete
NAME GRIFFIN, FELICIA
STREET ADDRESS 3290 YUCATAN PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE T ☐ Delete
NAME GRIFFIN, LADARIEN
STREET ADDRESS 3290 YUCATAN PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE S ☐ Delete
NAME GRIFFIN, MICHAEL
STREET ADDRESS 3290 YUCATAN PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06
Date

(904) 477-2708
Daytime Phone #