

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002875

FILED
Apr 19, 2009
Secretary of State

Entity Name: BAY AREA VINEYARD CHURCH OF MILTON/PACE, INC.

Current Principal Place of Business:

6118 WHITE CREEK LANE
MILTON, FL 32570

New Principal Place of Business:

5163 DOGWOOD DRIVE
MILTON, FL 32570

Current Mailing Address:

POST OFFICE BOX 4548
MILTON, FL 32572

New Mailing Address:

FEI Number: 20-2455614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHATRAW, MARGARET D
6118 WHITE CREEK LANE
MILTON, FL 32570 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: PRES () Delete
Name: CHATRAW, DARRELL E
Address: 6118 WHITE CREEK LANE
City-St-Zip: MILTON, FL 32570

Title: VPRES () Delete
Name: LEE, PAUL
Address: 6103 WHITE CREEK LANE
City-St-Zip: MILTON, FL 32570

Title: DIR () Delete
Name: EBY, JOSEPH
Address: 5695 JONES STREET
City-St-Zip: MILTON, FL 32570

Title: DIR () Delete
Name: DINWIDDIE, KEVIN
Address: 5347 WILLIAMS STREET
City-St-Zip: MILTON, FL 32570

Title: SECT () Delete
Name: CHATRAW, MARGARET D
Address: 6118 WHITE CREEK LANE
City-St-Zip: MILTON, FL 32570

Title: DIR (X) Delete
Name: MARSHALL, JOHN
Address: 4929 SHELL ROAD
City-St-Zip: MILTON, FL 32583

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:

Title: () Change () Addition
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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: MARGARET D. CHATRAW

SECT

04/19/2009

Electronic Signature of Signing Officer or Director

Date