2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # N0500005317 1. Entity Name VINEYARDS RADIO NETWORK, INC.					03-01-2006	90014 047 ****61	.25	
Principal Plac 75 VINEYARI NAPLES, FL	os boulev ard	Mailing Address 75 VINEYARDS BOULEVAR NAPLES, FL 34119				111 10 111 13 101 1310 1111 1111 1111		
90 ERIN WAY Suite, Apt. #, etc.		3. Mailing Address 90 ERIN Suite, Apt. #, etc.	90 ERIN WAY Suite, Apt. #, etc.		Chg-NP	CR2E037 (11/05)		
Zip	PLES, FL Country	City & State NAPLES	F.C.		151023	3 No	plied For t Applicable	
3411		34119	US_		of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent OOHER, DELBERT			
				BOOHER dress (P.O. Box Numb				
NAPLES, FL 34119				90 E	2 / 5 / 14 /	A . /		
,								
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 D.L. Booher, M.D. 90 Erin Way 2/1/1-///								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when								
SIGNATURE".	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signatu	Napies, FL 3 re required when reinstating)	4119	Dafte		
SIGNATURE".	Signature, typed or printed name of registared agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cont	ign Financing	Naples, FL 3 re required when reinstaling) \$5.00 May to Added to Fees	3e M	nafe check payable to		
10.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Campa Trust Fund Cont	aign Financing tribution.	Naples, FL 3 re required when reinstaling) \$5.00 May I Added to Fees	Be Flo	rida Department of St ERS AND DIRECTORS IN	10	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cont	ign Financing tribution.	Naples, FL 3 re required when reinstaling) \$5.00 May I Added to Fees	Be Flo	rida Department of St	ate	
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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:

Laut GEORGIA GRANT
D NAME OF BIGNING OFFICER OR DIRECTOR

2-14-06 239-304-4419