2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005317

FILED Apr 03, 2009 Secretary of State

Entity Name: VINEYARDS RADIO NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business: 90 ERIN WAY 422 TERRACINA COURT NAPLES, FL 34119 NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 90 ERIN WAY 422 TERRACINA COURT NAPLES, FL 34119 NAPLES, FL 34119 FEI Number: 37-1510233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOOHER, DELBERT L STD GRANT, GEORGIA 90 ERIN WAY 422 TERRACINA COURT NAPLES, FL 34119 NAPLES, FL 34119 US 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: GEORGIA GRANT 04/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRANT, CHARLES W Name: Name: 422 TERRACINA COURT Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, GEORGIA Name: Name: Address: 422 TERRACINA COURT Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition FELDGOISE, WALTER Name: Name: 1079 CAMELOT CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ELLERT, MIKE Name: 689 VINTAGE RESERVE CIR Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: (X) Change () Addition KRINSKY, MURRAY HOWARD, MERLE Name: Name: 178 SAN RAFAEL LN 759 VISTANA CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change () Addition STEWART, BOB Name: Name: Address: 880 VILLA FLORENZA DRIVE Address: NAPLES, FL 34119 City-St-Zip: 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: GEORGIA GRANT TD 04/03/2009