

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010078

FILED
Jan 07, 2008
Secretary of State

Entity Name: LIFE CARE VINEYARDS, INC.

Current Principal Place of Business:

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, RAYMOND M.
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082 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: DP () Delete
Name: VORSANGER, BRUCE F.
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DV () Delete
Name: JOHNSON, RAYMOND M.
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT () Delete
Name: ROLLER, DONALD E.
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DS () Delete
Name: FETHERSTON, GEORGE C.
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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
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: RAYMOND M. JOHNSON

DV

01/07/2008

Electronic Signature of Signing Officer or Director

Date