

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010185

FILED
Apr 14, 2009
Secretary of State

Entity Name: MY FATHER'S VINEYARD, INC. - A CHRIST CENTERED CHURCH

Current Principal Place of Business:

8260 PENSACOLA BLVD.
PENSACOLA, FL 32534

New Principal Place of Business:

8130 PENSACOLA BLVD.
PENSACOLA, FL 32534

Current Mailing Address:

8260 PENSACOLA BLVD.
PENSACOLA, FL 32534

New Mailing Address:

8130 PENSACOLA BLVD.
PENSACOLA, FL 32534

FEI Number: 55-0833480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ROBERT WESLEY
C/O MY FATHER'S VINEYARD, INC.-A CHRIST CEN
8260 PENSACOLA BLVD.
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

ALVAREZ, ROBERT WESLEY
C/O MY FATHER'S VINEYARD, INC.-A CHRIST CEN
8130 PENSACOLA BLVD.
PENSACOLA, FL 32534 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, ROBERT WESLEY
Address: 2325 MAJESTIC DRIVE
City-St-Zip: PENSACOLA, FL 32534

Title: CVP () Delete
Name: MCNAIR, STEPHEN
Address: 6230 WEST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: CHAPMAN, MICHAEL
Address: 1235 FERNANDO CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: CHRISTINE, EDNA
Address: 3981 STEFANI ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: DUNN, BARBARA
Address: 426 MILESTONE BLVD.
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: POLK, TRACIE
Address: 6924 HWY 99
City-St-Zip: MOLINO, FL 32577

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:

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: TRACIE POLK

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date