FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N27326

(0)

MIAMI VINEYARD CHRISTIAN FELLOWSHIP, INC.					A JORINAN DIR HEN IDAGO MAN HIR	8
Principal Place	of Business	Mailing Address				
		-				
9995 SUNSET DRIVE 9995 SUNSET DRIVE SUITE 206 SUITE 206						
MIAMI FL 33173	1	MIAMI FL 33173-4662		3. Date Incorporated or Qualified	3a. Date of Last Report	
					07/08/1988	03/27/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0062830	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 SUITE 20B		27 SUITE 20B			Fee Required	
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Countr	· · · · · · · · · · · · · · · · · · ·	This corporation has liability for	
24	25	⊢ '	30	,		Yes No
	9. Name and Address of Current		1		10. Name and Address of New F	
			81	Name		
FISCHER, KEVIN			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	W 95 AVENUE					
MIAMI FI	_ 33157		83	il .		
			84	City		85 Zip Code
dd Directors	to the maniplement Continue C17 0500	and C17 4COO Florida Ctal to	a the ale		dia a dia a dia atau	FL 65 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
	m familiar with, and accept the obligat	ons of, Section 617.0503, Floi	rida Statute	s.		
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable (NOTE	Registered Ac	ent signature	required when reinstaling)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	FISCHER, KEVIN		1.2 NAME			
STREET ADDRESS			1.3 STREE	t address		
CITY-ST-ZIP	MIAMI FL 33 (57		1.4 C(TY -	ST-ZIP		Character
TITLE	D	☐ DETEIE	2.1 TITLE	l		Change Addition
NAME OTOGET ADODESIS	200/12/11/1201100		2.2 NAME			f
STREET ADDRESS CITY-ST-ZIP	13810 SW 105 STREET MIAMI FL 33/86		2.3 STREET ADDRESS 2.4 CITY+ST-ZIP			
TITLE	D D	DELETE 3		51 - Zir	D	Change Addition
NAME	LOSADO, ALONSO	- 4	3 2 NAME		PROSPER JAIME 7425 SW 67 AVE APT	
STREET ADDRESS	13810 SW 105TH ST		3.3 STREE	t address		'2
CITY-ST-ZIP	MIAMI FL		3.4 CITY-	ST-ZIP	MIAMI FL 33143	
TITLE	D DELETE 4.1		4.1 TITLE			Change Addition
NAME	4911100) 1111 1100		4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	Driete	4.4 CITY-	ST-ZIP		Change
TITLE NAME		DELETE	5.1 TITLE	ļ		L Change L Addition
STREET ADDRESS			5.2 NAME	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE	· · · · · · · · · · · · · · · · · · ·		6.1 TITLE	01-211		Change Addition
NAME		-	6.2 NAME	ļ		•
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on all attachment with an address.

1/12/00

206 272-011A

FILED

May 07 1997 8:00am

Secretary of State