

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42577

FILED
Apr 08, 2008
Secretary of State

Entity Name: VINEYARD CHRISTIAN FELLOWSHIP OF LAKELAND, INC.

Current Principal Place of Business:

2023 WEST PIPKIN ROAD
LAKELAND, FL 33811 US

New Principal Place of Business:

Current Mailing Address:

2023 WEST PIPKIN ROAD
LAKELAND, FL 338111448 US

New Mailing Address:

2023 WEST PIPKIN ROAD
LAKELAND, FL 33811 US

FEI Number: 59-3057253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, GLENN D
6128 CHRISTINA DRIVE WEST
LAKELAND, FL 33813 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: ST () Delete
Name: BARRETT, MARY D
Address: 6797 EAGLE RIDGE BLVD
City-St-Zip: LAKELAND, FL 33813 US

Title: DP () Delete
Name: BAKER, GLENN D
Address: 6128 CHRISTINA DRIVE WEST
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: BOCK, JAMES
Address: 2184 SILVER RE DRIVE
City-St-Zip: LAKELAND, FL 33810 US

Title: DV () Delete
Name: ESQUIVEL, RICHARD W
Address: 977 ASHTON OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33813 US

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: MARY D. BARRETT

ST

04/08/2008

Electronic Signature of Signing Officer or Director

Date