

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9400000884

1. Corporation Name

VINEYARD CHRISTIAN FELLOWSHIP OF SPRING HILL, IN C.

Principal Place of Business 4244 MARINER BLVD SPRING HILL FL 34608 Mailing Address

P.O. BOX 5291 SPRING HILL FL 34611

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90013 026 ****70.00

2. Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/18/1994	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For	
22	•	27			59-3195571 Not Applicable	
City & Stat	le	City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required	
23] Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing S5.00 May Be	
24	25		30		Trust Fund Contribution Added to Fees	
24]	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered Agent	
		,		81 Name		
CALIONO	HIO DAIMB K					
SAUSKOJ				82 Street Address (P.O. Box Number is Not Acceptable)		
5452 GLC	· · - · · · · · · · · · · · · · · · · ·			83		
SPRING F	11LL FL 34607			**		
				84 City	85 Zip Code	
7,55					FL 3 1 3 3 3 3 3 3 3 3	
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	e of Florida. Such change was au	thorized	I by the cort	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE					required when reinstating) OATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Adeur aduarne	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	T	DELETE	1.1 TI	nt	Change Addition	
TITLE	D D					
NAME	SAUSKOJUS, DAVID K		1.2 N			
STREET ADORESS	1		1	REET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34607			TY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TF	N.E	☐ Change ☐ Addition	
NAME	ME HAFER, MIKE 22N		2.2 N	ME .		
STREET ADDRESS	REET ADDRESS 9171 SWISS AVE 2.3 ST		REET ADDRESS			
CITY-ST-ZIP	-ST-ZIP SPRING HILL FL 34606 2.4CI		TTY-ST-ZIP			
TITLE	D	. DELETE	3.1 TT	TLE .	. Change Addition	
NAME	BASCIANO, FRANK		3.2 N	ME		
STREET ADDRESS			3.3 S1	REET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34609		3.4. C	ITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI	ΠE	☐ Change ☐ Addition	
NAME ,			4.2 N	AME		
STREET ADDRESS	'		4.3 \$1	REET ADDRESS		
				TY-ST-ZIP		
TITLE		☐ DELETE	5.1 TI		Change Addition	
			5.2 N			
NAME			1	REET ADDRESS	·	
STREET ADDRESS	1.		1	TY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 T		☐ Change ☐ Addition	
TITLE		T DEFEIE	6.2 NA		Citalige C Addition	
NAME			ı			
STREET ADDRESS	(; · ·			REET ADDRESS		
CITY-ST-ZIP	·		6.4 CI	TY-ST-ZIP		

14. I 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 or 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

352.596.6869

Daytime Phone #

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