

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004121 (9)

1. Corporation Name

MARINER'S VINEYARD FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

10460 ROOSEVELT BLVD.
SUITE 263
ST. PETERSBURG FL 33716

10460 ROOSEVELT BLVD.
SUITE 263
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified
08/18/1994

3a. Date of Last Report
02/09/1995

2. Principal Place of Business
21 15001 Roosevelt Blvd.

2a. Mailing Address
26 15201 Roosevelt Blvd.

4. FEI Number
69-3266431

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 107

27 Suite 107

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Clearwater FL

28 Clearwater FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 34620-3559 25

29 34620-3559 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERN, JONATHAN D
501 24TH AVENUE NORTH
ST. PETERSBURG FL 33704

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STERN, JONATHAN D
STREET ADDRESS 501 24TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

☐ DELETE

TITLE VD
NAME MOORE, WILLIAM T
STREET ADDRESS 12220 WILD ACRES ROAD
CITY-ST-ZIP LARGO FL 34643

☐ DELETE

TITLE STD
NAME BELLAVIA, MICHAEL
STREET ADDRESS 7128 ONYX DRIVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

☐ DELETE

TITLE D
NAME STERN, CATHERINE M
STREET ADDRESS 501 24TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

☐ DELETE

TITLE D
NAME ~~John, Carlos J.~~
STREET ADDRESS ~~12718 Hampton Park Blvd~~
CITY-ST-ZIP ~~Tampa FL 33624~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Molina, Carlos J. ☐ Change ☒ Addition

12718 Hampton Park Blvd.

Tampa, FL 33624

☐ Change ☐ Addition

22 4.3

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Michael Belavia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

Date

(813) 530-0555

Daytime Phone #

CR2E037 (12/95)