


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 15201 ROOSEVELT BLVD. SUITE 107 CLEARWATER FL 35620-3559			Mailing Address 15201 ROOSEVELT BLVD. SUITE 107 CLEARWATER FL 34620-3559		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 08/18/1994 3a. Date of Last Report 04/03/1996 4. FEI Number 69-3266431 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent STERN, JONATHAN D 601 24TH AVENUE NORTH ST. PETERSBURG FL 33704			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	STERN, JONATHAN D				
STREET ADDRESS	601 24TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG FL 33704				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MOORE, WILLIAM T				
STREET ADDRESS	12220 WILD ACRES ROAD				
CITY-ST-ZIP	LARGO FL 34643				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	BELLAVIA, MICHAEL				
STREET ADDRESS	7128 ONYX DRIVE NORTH				
CITY-ST-ZIP	ST. PETERSBURG FL 33702				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	STERN, CATHERINE M				
STREET ADDRESS	601 24TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG FL 33704				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MOLINA, CARLOS J				
STREET ADDRESS	12718 HAMPTON PARK BLVD.				
CITY-ST-ZIP	TAMPA FL 33624				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	2547 57th St. N.				
3.3 STREET ADDRESS	St. Petersburg, FL 33710				
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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.

CR2E037 (9/96)