NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400004121

1. Corporation Name

MARINER'S VINEYARD FELLOWSHIP, INC.

Principal Place of Business	Mailin
15201 ROOSEVELT BLVD. SUITE 107 CLEARWATER FL 33760 US	15201 Suite Clear US
2 Principal Place of Business	

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90128 039 ****61.25

Principal Place	ce of Business	Mailing Address					
15201 ROOSE SUITE 107 CLEARWATER US		15201 ROOSEVELT BLVD. SUITE 107 CLEARWATER FL 33760 US					
2 Dia -in -i I	Disco of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
·	Place of Business	2a. Mailing Address			08/18/1994		
Suite, Apt	# etc	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22	, 5.5.	27			69-3266431	No	t Applicable
City & Sta	ate	City & State			5. Certifcate of Status Desired	\$8.75 A	
23		28			3, Certificate of Status Desired	Fee Re	quired
Zip	Country	Zip	Country	<i>t</i>	6. Election Campaign Financing	\$5.00	
24	25		30		Trust Fund Contribution	Added t	o Fees
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	when:	
	JONATHAN D		82	Street A	Address (P.O. Box Number is Not Acceptable)		
	I AVENUE NORTH		83				
SI. PEIE	RSBURG FL 33704			<u> </u>			S
			84	City	Fl	85 Zip C	ode
11. Pursuan	t to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the abov	re-named o	corporation submits this statement for the purpose o	changing its	registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was aut	horized by	the corpo	ration's board of directors. I hereby accept the appo	intment as rec	gisterea
		10(10 0), 0000011 0 11.0000) . 10110					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Age	nt signature re	quired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE	-		☐ Change	Addition
NAME	STERNS, JONATHAN D		1.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33704	- DELETE	1.4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE	VD	☐ DELETE	2.1 TITLE			□ Glange	Addition
NAME	MOORE, WILLIAM T		2.2 NAME	1			
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP	LARGO FL 34643	DELETE	2_4 CITY: 3,1 TITLE	ST-ZIP.		Change	Addition
TITLE	STD .	- Depart	3.2 NAME	}			-
NAME STREET ADDRESS	SELLAVIA; MICHAEL			T ADDRESS			
	s 2547-57TH-S T N ST PETERSBURG FL		3.4. CITY-				
CITY-ST-ZIP	D	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	BANNISTER, THOMAS E		4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33763		4.4 CITY-5	ST-ZIP			
TITLE	A AND A STATE OF THE PARTY OF T	☐ DELETE	5.1 TITLE		- Jeffrey J. Moffitt	nge	Addition
NAME			5,2 NAME				
STREET ADDRESS	si:-		5.3 STREE	TADORESS	1344 Hamlin Drive	4	
CITY-ST-ZIP	Tarana 🗸 📜 🕺	· ·	5.4 CITY-S	ST-ZIP	Clearwater		

6.4 CITY-ST-ZIP Largo 14. I hereby certiny that the information supplied with this filling does not qualify for the exemption stated in Section TT9.07(3)(1), Florida Statutes: runner certiny 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

FL

Terry Myers

12674 97th St. N.

Addition

33773