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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

TITLE

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

N95000001163 (3)

VINEYARD	CHRISTIAN	FELLOWSHIP	OF SUNRISE	, INC.

Mailing Address Principal Place of Business 8035 NW 28TH COURT 8035 NW 28TH COURT SUNRISE FL 33322 SUNRISE FL 33322 3a. Date of Last Report Date Incorporated 03/13/1995 ated or Qualified 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0568077 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 26 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes Yo 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GEORGE, ALEXI E Street Address (P.O. Box Number is Not Acceptable) 82 8035 NW 28TH COURT 83 SUNRISE FL 33322 Zip Code 85 84 City 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) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition DELETE 1.1 TITLE TITLE George, Alex; E 8035 NW 28Th Court GEORGE, ALEXI E 1.2 NAME NAME 8035 NW 28TH COURT 1.3 STREET ADDRESS STREET ADDRESS Sunrise FL 33322 SUNRISE FL 33322 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE FISCHER, KEVIN 2.2 NAME NAME 19002 SW 95TH AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** 2. 4 CITY - ST - ZIP DITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE BENJAMIN, JACOB 3.2 NAME NAME 5973 NW 16TH STREET 3 3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33313 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 61 TITLE

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 cath; 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. ALCHIE GLOSCE ALEXIE. George 2-20-96 954-742-7074
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayting Priorie W

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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