

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 # N95000001405 (8)

1. Corporation Name

**VINEYARD CHRISTIAN FELLOWSHIP OF WEST ORLANDO, I
NC.**



Principal Place of Business

Mailing Address

**7324 BALBOA DRIVE
ORLANDO FL 32818**

**7324 BALBOA DRIVE
ORLANDO FL 32818**

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

1709 MOSELLE AVE.

4. FEI Number

59-3308366

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

ORLANDO, FLORIDA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24
Zip

25
Country

29
Zip

32807

30
Country

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

**SIEKAWITCH, LARRY
7324 BALBOA DRIVE
ORLANDO FL 32818**

81 Name

LARRY SIEKAWITCH

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

1709 MOSELLE AVE.

83

84 City

ORLANDO

FL

85

**Zip Code
32807**

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

Larry Siekawitch

2/21/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD BOHNER, COREY**
STREET ADDRESS **438 LANCELOT AVE**
CITY - ST - ZIP **ORLANDO FL 32835**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D CAMELIN, MIKE**
STREET ADDRESS **4819 ROBBINS AVE**
CITY - ST - ZIP **ORLANDO FL 32808**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TD GOMEZ, GALO**
STREET ADDRESS **1709 MOSELLE AVE**
CITY - ST - ZIP **ORLANDO FL 32807**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **SD MARRERO, JORGE**
STREET ADDRESS **1736 BRIGHTMEADOW CT**
CITY - ST - ZIP **ORLANDO FL 32818**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **PD SIEKAWITCH, LARRY**
STREET ADDRESS **7324 BALBOA DR**
CITY - ST - ZIP **ORLANDO FL 32818**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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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:

Larry Siekawitch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

(407) 578-2988

CR2E037 (12/95)