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Jan 17 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 # 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

1709 MOSELLE AVE  
ORLANDO FL 32807-2017



3. Date Incorporated or Qualified  
03/23/1995

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 1709 MOSELLE AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ORLANDO, FLORIDA

27

City & State

City & State

23 Zip Country

28

Zip

Country

24 32807-2017 25 ORANGE

29

Zip

Country

4. FEI Number  
59-3308366

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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  
1709 MOSELLE AVE  
ORLANDO FL 32807

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016800

CR2E037 (9/96)