

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90018 008 \*\*\*\*61.25

**DOCUMENT # N95000002978**

1. Corporation Name

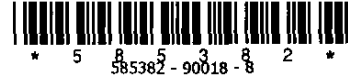
VINEYARD CHRISTIAN FELLOWSHIP OF MIDDLEBURG, FLO  
RIDA, INC.

Principal Place of Business

Mailing Address

~~2755 BLANDING BLVD~~  
~~SUITE 112~~  
MIDDLEBURG FL 32068

~~2755 BLANDING BLVD~~  
~~SUITE 112~~  
MIDDLEBURG FL 32068



2. Principal Place of Business

3114 County Rd 220

Suite, Apt. #, etc.

2

Middleburg, Florida

Zip Country

32068 25 USA

2a. Mailing Address

PO Box 862

Suite, Apt. #, etc.

27

Middleburg, Florida

Zip Country

32050-0862 30 USA

3. Date Incorporated or Qualified

06/20/1995

4. FEI Number

59-3451518

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

9. Name and Address of Current Registered Agent

STEPHANS, RONALD E  
1193 SURREY GLEN RD  
MIDDLEBURG FL 32068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEPHANS, RONALD E	
STREET ADDRESS	1193 SURREY GLEN RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JENKINS, BOB	
STREET ADDRESS	577 MADISON AVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CAIL, CALVIN	
STREET ADDRESS	2655 SEMINOLE VILLAGE DR	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFERY, RUST	
STREET ADDRESS	303 EVERGREEN LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	

4. I 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 with all other like empowered.

SIGNATURE: Ronald E. Stephens 7/3/99 (904)291-2136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0008610

CR2E037 (5/99)