

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002978

1. Entity Name

VINEYARD CHRISTIAN FELLOWSHIP OF MIDDLEBURG, FLO

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90240 020 ****61.25

Principal Place of Business

Mailing Address

3114 COUNTY ROAD #220
MIDDLEBURG FL 32068
US

P O BOX 862
MIDDLEBURG FL 32050-0862
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3451518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHANS, RONALD E
1193 SURREY GLEN RD
MIDDLEBURG FL 32068

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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 checked="" type="checkbox"/> Delete
NAME	JEFFERY, RUOT	
STREET ADDRESS	300 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		

TITLE	S/TIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Kelly	
STREET ADDRESS	622 Filmore St. 145-C	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Tompkins	
STREET ADDRESS	3396 Aspen Forrest Dr.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dillard Gould	
STREET ADDRESS	2512 Feit Court	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Zecher	
STREET ADDRESS	1975 Medinah Lane	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)