2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 10, 2001 8:00 am Secretary of State DOCUMENT # N95000002978 05-10-2001 90105 019 ****61.25 VINEYARD CHRISTIAN FELLOWSHIP OF MIDDLEBURG, FLO Principal Place of Business Mailing Address 3114 COUNTY ROAD #220 P O BOX 862 MIDDLEBURG FL 32068 MIDDLEBURG FL 32050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3451518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEPHANS, RONALD E 1193 SURREY GLEN RD MIDDLEBURG FL 32068 City 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE ☐ Addition Delete STEPHANS, RONALD E NAME NAME STREET ADDRESS 1193 SURREY GLEN RD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP STD ☐ Change Addition TITLE ☐ Delete TITLE KELLY, DAVID NAME NAME STREET ADDRESS 622 FILMORE ST 145-C STREET ADDRESS C!TY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP TITLE -☐ Change - ☐ Addition Delete -CAIL, CALVIN NAME NAME STREET ADDRESS 2655 SEMINOLE VILLAGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL ☐ Delete TITLE TITLE ☐ Change Addition NAME TOMPKINS, CHARLES NAME STREET ADDRESS STREET ADDRESS 3396 ASPEN FORREST DR CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE ☐ Detete □ Change ☐ Addition NAME GOULD, DILLARD STREET ADDRESS STREET ADDRESS 2512 FEIT CT CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32065** TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME ZECHER, FRANK NAME STREET ADDRESS STREET ADDRESS 1975 MEDINAH LANE CITY-ST-7IP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** 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, Fig. da Statutes; and that my name appears in Block 10 or Block 11 if

FILED