

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 08, 2002 8:00 am  
Secretary of State

04-08-2002 90226 047 \*\*\*\*61.25

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DOCUMENT # N95000002978

1. Entity Name

VINEYARD CHRISTIAN FELLOWSHIP OF MIDDLEBURG, FLO  
RIDA, INC.

Principal Place of Business

Mailing Address

3114 COUNTY ROAD #220  
MIDDLEBURG FL 32068  
US

P O BOX 862  
MIDDLEBURG FL 32050  
US

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

*Ronald E Stephens*

*April, 2002*

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  
NAME STEPHANS, RONALD E  
STREET ADDRESS 1193 SURREY GLEN RD  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE D  
NAME Wallace Kamens  
STREET ADDRESS 3226 PATTIN WAY  
CITY-ST-ZIP Orange Park, FL 32065 ☐ Change ☒ Addition

TITLE STD  
NAME KELLY, DAVID  
STREET ADDRESS 622 FILMORE ST 145-C  
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME CAIL, CALVIN  
STREET ADDRESS 2655 SEMINOLE VILLAGE DR  
CITY-ST-ZIP MIDDLEBURG FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME TOMPKINS, CHARLES  
STREET ADDRESS 3396 ASPEN FORREST DR  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE DV  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME GOULD, DILLARD  
STREET ADDRESS 2512 FEIT CT  
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ZECHER, FRANK  
STREET ADDRESS 1975 MEDINAH LANE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Ronald E Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/02*  
Date

*(904) 291-2136*  
Daytime Phone #

CR2E037 (9/01)