

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90002 026 \*\*\*\*61.25

**DOCUMENT # N95000002978**

1. Entity Name

VINEYARD CHRISTIAN FELLOWSHIP OF MIDDLEBURG,  
FLORIDA, INC.



Principal Place of Business

3114 COUNTY ROAD #220  
MIDDLEBURG FL 32068  
US

Mailing Address

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

1st MOORE

CR2E037 (10/04)

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~~

2996 Southbank Cir

Green Cove Springs, FL 32043

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. I am familiar with, and accept the obligations of registered agent.

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**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida 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	<del>1193 SURREY GLEN RD</del> 2996 Southbank Cir	
CITY-ST-ZIP	<del>MIDDLEBURG FL 32068</del> Green Cove Springs, FL 32043	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KELLY, DAVID	
STREET ADDRESS	622 FILMORE ST 145-C	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>OLIVER, MIKE</del>	
STREET ADDRESS	<del>5203 RIVER PARK VILLAS DR.</del>	
CITY-ST-ZIP	<del>SAINT AUGUSTINE FL 32092</del>	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TOMPKINS, CHARLES	
STREET ADDRESS	3996 ASPEN FORREST DR	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOULD, DILLARD	
STREET ADDRESS	2512 FEIT CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	<del>XXXXXXXXXX</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda L. Stephens	
STREET ADDRESS	2996 Southbank Cir.	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Homer Ledford	
STREET ADDRESS	799 Elmwood St.	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #