

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

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**



07102006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**STEPHANS, RONALD E
2996 SOUTHBANK CIR
GREEN COVE SPRINGS, FL 32083**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHANS, RONALD E 2996 SOUTHBANK CIR GREEN COVE SPRINGS, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLY, DAVID 622 FILMORE ST 145-C ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, LINDA L 2996 SOUTHBANK CIR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDFOED, HOMER 799 ELMWOOD ST ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, DILLARD 2512 FEIT CT ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: July 10, 2006 Daytime Phone #