2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90026 048 ****61.25

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07132004 Chg-NP CR2E037 (10/03)

DOCUMENT # N95000004809

1. Entity Name
VINEYARD CHRISTIAN FELLOWSHIP TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
3219 APALACHEE PARKWAY UNIT 3 TALLAHASSEE, FL 32311 US	3219 APALACHEE PARKWAY UNIT 3 TALLAHASSEE, FL 32311 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 59-3230240 — 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
GRAHAM, SCOTT ~~3424 CLIFDEN DR~~ TALLAHASSEE, FL 32309	Name Street Address (P.O. Box Number is Not Acceptable) 4017 Brandon Hill Dr. 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

Filing Fee is $61.25
Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, SCOTT 3424 CLIFDEN DR. TALLAHASSEE, FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4017 Brandon Hill Dr. Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKINS, LEE 8506 SYNHOFF DR. JACKSONVILLE, FL 32216 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAHAM, TRACY 3424 CLIFDEN DR. TALLAHASSEE, FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4017 Brandon Hill Dr. Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fitzpatrick, Martin 2945 Tewkesbury Trace Tallahassee, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Naumann, Jason 2219 Thomasville Rd. Tallahassee, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phillips, Richard 2937 Foxcroft Dr. Tallahassee, FL 32308 ☐ 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: _____ Scott Graham 7/19/04 850-383-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #