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May 16, 2006 8:00 am
Secretary of State

04-26-2006 90177 021 ****70.00

NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Chg-NP CR2E037 (11/05)

DOCUMENT #N95000004809

1. Entity Name
VINEYARD CHRISTIAN FELLOWSHIP TALLAHASSEE INC

Principal Place of Business	Mailing Address
3219 APALACHEE PARKWAY UNIT 3 TALLAHASSEE FL US	3219 APALACHEE PARKWAY UNIT 3 TALLAHASSEE FL 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 4017 BRANDON HILL DRIVE TALLAHASSEE FL 32309	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

Filing Fee is 61.25
Due by May 1, 2006

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 4017 BRANDON HILL DRIVE TALLAHASSEE FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAHAM TRACY 4017 BRANDON HILL DRIVE TALLAHASSEE FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK MARTIN TEWKESBURY TRACE TALLAHASSEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7789 Deer Pond Lane Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUMANN JASON 2219 THOMASVILLE ROAD TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS RICHARD FOXCROFT DRIVE TALLAHASSEE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: _____ Scott Graham 4/24/06 383-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #