

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90161 021 ***61.25

DOCUMENT # N95000004809

1. Entity Name
VINEYARD CHRISTIAN FELLOWSHIP TALLAHASSEE, INC.



Principal Place of Business

**3320 CLIFDEN DR
TALLAHASSEE FL 32308**

Mailing Address

**3320 CLIFDEN DR
TALLAHASSEE FL 32308**

2. Principal Place of Business

548-3 Bradford Rd.

Suite, Apt. #, etc.

3. Mailing Address

548-3 Bradford Rd

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee, FL

Zip
32303

Country
USA

City & State
Tallahassee, FL

Zip
32303

Country
USA

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

**OATES, GARY R
3320 CLIFDEN DR
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Scott Graham**

Street Address (P.O. Box Number is Not Acceptable)

3424 Clifden Dr.

City **Tallahassee**

FL

Zip Code
32309

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

4/22/03

FILE NOW: FEE IS \$61.25

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

TITLE **PO** ☒ Delete
NAME **OATES, GARY R**
STREET ADDRESS **3320 CLIFDEN DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VD** ☐ Delete
NAME **BROOKINS, LEE**
STREET ADDRESS **8506 SYNHOFF DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **STD** ☒ Delete
NAME **OATES, KATHLEEN**
STREET ADDRESS **3320 CLIFDEN DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Scott Graham**
STREET ADDRESS **3424 Clifden Dr.**
CITY-ST-ZIP **Tallahassee, FL 32309**

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

TITLE **STD** ☒ Change ☐ Addition
NAME **Tracy Graham**
STREET ADDRESS **3424 Clifden Dr.**
CITY-ST-ZIP **Tallahassee, FL 32309**

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

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

TITLE ☐ Change ☐ 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 REQUIRED

4/22/03 850-383-1199

CR2E037 (10/02)