

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90723 045 ****61.25

DOCUMENT # N95000005257

1. Entity Name

ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

934 N MAGNOLIA AVE
 STE 307
 ORLANDO FL 32803
 US

934 N MAGNOLIA AVE
 STE 307
 ORLANDO FL 32803
 US

2. Principal Place of Business

624 N. BROADWAY

3. Mailing Address

PO. BOX 140922

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32803

Country

USA

Zip

32814-0922

Country

USA

4. FEI Number

59-3337588

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

MCDONALD, MICHAEL M
541 TUTEN TRAIL
ORLANDO FL 32828

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MCDONALD, MICHAEL M.**
 STREET ADDRESS **541 TUTEN TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Change ☒ Addition
 NAME **LAWSON, C. ALAN**
 STREET ADDRESS **5519 GROSS COURT**
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
 NAME **MCDONALD, PAM**
 STREET ADDRESS **541 TUTEN TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **S** ☐ Change ☒ Addition
 NAME **MULLINS, DANIEL**
 STREET ADDRESS **1424 N. GUMBY AVENUE**
 CITY-ST-ZIP **ORLANDO, FL 32803-2114**

TITLE **DT** ☐ Delete
 NAME **MILLS, JASON**
 STREET ADDRESS **6000 LONG PEAK DR**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **DT** ☒ Change ☐ Addition
 NAME **MILLS, JASON**
 STREET ADDRESS **960 BLACKWOOD STREET**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **VD** ☐ Delete
 NAME **LEEDY, ROBERT**
 STREET ADDRESS **1751 CHEYENE**
 CITY-ST-ZIP **MATLAND FL 32751**

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

TITLE **D** ☐ Delete
 NAME **POLOZOLA, JOE**
 STREET ADDRESS **1079 CRUMPET CT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **D** ☐ Delete
 NAME **GOMEZ, GALO**
 STREET ADDRESS **1709 MOSELLE AVE**
 CITY-ST-ZIP **ORLANDO FL 32807**

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:

SECRETARY

5/1/02 (407) 426-0510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)