

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90006 029 ****61.25

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1. Entity Name
ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business
3855 EAST COLONIAL DR
ORLANDO, FL 32803 US

Mailing Address
P.O BOX 140922
ORLANDO, FL 32814-0920 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
3855 East Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL

Zip

Country

Zip
32803

Country

03132007 Chg-NP CR2E037 (12/06)

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

MCDONALD, MICHAEL M
541 TUTEN TRAIL
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

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, 2007

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

TITLE VTD ☐ Delete
NAME MILLS, JASON
STREET ADDRESS 960 BLACKWOOD STREET
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE DS ☒ Delete
NAME POLOZOLA, JOE
STREET ADDRESS 109 PINEAPPLE COURT
CITY-ST-ZIP LONGWOOD, FL 32750

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

TITLE D ☐ Delete
NAME BERG, MICHAEL
STREET ADDRESS 3325 GLEN VILLAGE CT.
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Michael M. McDonald* (407) 426-0510 3-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #