

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001501

1. Entity Name

THE VINEYARD SCHOOL OF JESUS CHRIST, CENTER FOR

Principal Place of Business

1301 S.E. 1ST AVE.
DEERFIELD BEACH FL 33441

Mailing Address

1301 S.E. 1ST AVE.
DEERFIELD BEACH FL 33441

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

65-0664897

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

MITCHELL, DR. GEORGE W
1301 S.E. 1ST AVE.
DEERFIELD BEACH FL 33441

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.

(NOT: 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 TS ☐ Delete
NAME HUTCHINSON, MARCIA
STREET ADDRESS 1339 EAST GLEN OAK ROAD
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

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

TITLE VPT ☐ Delete
NAME CHAMBERS, ELOISE
STREET ADDRESS 3000 NW 48TH TERRACE., APT 418
CITY-ST-ZIP LAUDERDALE LAKES FL

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

TITLE PD ☐ Delete
NAME MITCHELL, GEORGE DR
STREET ADDRESS 1301 S.E. 1ST AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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]* **REQUIRE**

5/1/2001

(94)232-5726

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90001 001 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)