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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005164 (6)**

1. Corporation Name

**MINISTRIES OF THE VINEYARD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 16400 CASTILE AVENUE<br>ATTN: JOSEPH CUMMINGS<br>PANAMA CITY BEACH FL 32413 | 16400 CASTILE AVENUE<br>ATTN: JOSEPH CUMMINGS<br>PANAMA CITY BEACH FL 32413-2426 |

3. Date Incorporated or Qualified: 10/03/1996
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CUMMINGS, JOSEPH M<br>16400 CASTILE AVENUE<br>PANAMA CITY BEACH FL 32413 | 81 Name: CUMMINGS, JOSEPH M.<br>82 Street Address (P.O. Box Number is Not Acceptable): 16400 CASTILE AVENUE<br>83<br>84 City: PANAMA CITY BEACH FL 85 Zip Code: 32413 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE T&D | PRESIDENT - TITLE & DIRECTOR | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | JOSEPH M. CUMMINGS | | 1.2 NAME | |
| STREET ADDRESS | 16400 CASTILE AVENUE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BEACH, FL. 32413 | | 1.4 CITY-ST-ZIP | |
| TITLE T&D | VICE-PRESIDENT - TITLE & DIRECTOR | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HARVEY WEBB | | 2.2 NAME | |
| STREET ADDRESS | 3376 FAWN PLACE, LEISURE LAKES | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY, FL 32428 | | 2.4 CITY-ST-ZIP | |
| TITLE T&D | TREASURER - TITLE & DIRECTOR | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | DAVID SUTTON | | 3.2 NAME | |
| STREET ADDRESS | 9013 KINGSWOOD ROAD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTHPORT, FL 32409 | | 3.4 CITY-ST-ZIP | |
| TITLE T&D | SECRETARY - TITLE & DIRECTOR | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BEVERLY NEIDORF | | 4.2 NAME | |
| STREET ADDRESS | 4266 W. HIGHWAY 30-A | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA ROSA BEACH, FL 32459 | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Joseph M. Cummings JOSEPH M. CUMMINGS Jan. 8, 1997 904-230-0350
Name and Address of Officer or Director Date Daytime Phone #