FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # N96000005164 (6)

1. Corporation Name

MINISTRIES OF THE VINEYARD, INC.

Principal Place of Business	Mailing Address
16400 CASTILE AVENUE ATTN: JOSEPH CUMMINGS PANAMA CITY BEACH FL 32413	16400 CASTILE AVENUE ATTN: JOSEPH CUMMINGS PANAMA CITY BEACH FL 32413

3. Date Incorporated or Qualified: 10/03/1996

4. FEI Number: 31-1486132 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CUMMINGS, JOSEPH M
16400 CASTILE AVENUE
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINGS, JOSEPH		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	VPDT	☒ DELETE	2.1 TITLE	VPDT	☐ Change ☒ Addition
NAME	WEBB, HARVEY		2.2 NAME	NATT SMITH	
STREET ADDRESS	3376 FAWN PLACE, LEISURE LAKES		2.3 STREET ADDRESS	1118 MISSOURI AVENUE	
CITY-ST-ZIP	CHIPLEY FL 32428		2.4 CITY-ST-ZIP	LYNN HAVEN, FL. 32444	
TITLE	TTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SUTTON, DAVID		3.2 NAME		
STREET ADDRESS	9013 KINGSWOOD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT FL 32409		3.4. CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NEIDORF, BEVERLY		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		

CR2E037 (10/97)

14. 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 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 SIGNATURE REQUIRED JOSEPH M. CUMMINGS 1-5-98 850-230-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #