NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600005164

1. Corporation Name

MINISTRIES OF THE VINEYARD, INC.

Principal Place of Business 16400 CASTILE AVENUE ATTN: JOSEPH CUMMINGS

Mailing Address

16400 CASTILE AVENUE ATTN: JOSEPH CUMMINGS
PANAMA CITY BEACH FL 3

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90091 041 \*\*\*\*61.25

2. Principal Pla	ace of Business	2a. Mailing	g Address				3. Date Incorporated or Qualifed 10/03/1996	-		
21		26							<del>-`</del>	
Suite, Apt. #	#, etc.	Suite,	Apt. #, etc.				4. FEI Number 31-1486132		<del></del>	plied For
2		27					31-1400132	<del></del>		t Applicable
City & State	•	City & State				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
Zip	Country	Zip		Coun	try		6. Election Campaign Financing		\$5.00	May Be
4	25	29	[:	30	-		Trust Fund Contribution		Added t	o Fees
•	9. Name and Address of Currer			<del></del>			10. Name and Address of New R	legistered A	\gent	
			<del>-</del>		81 1	Name				
01000000	o loorbii M			_				41-1		
CUMMINGS, JOSEPH M			ľ	82   5	Street Addr	et Address (P.O. Box Number is Not Acceptable)				
16400 CASTILE AVENUE				}	83					
PANAMA C	CITY BEACH FL 32413			1						
				T-	84 (	City			85 Zip (	Code
						•				
11 D	to the provisions of Sections 617 050	02 and 617 1508	R Florida Statute	s the ab		amed com	oration submits this statement for the	FL purpose of o	hanging its	registered
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, SUCI	n cnande was au	itnorizea	ove-n	amed com	oration submits this statement for the on's board of directors. I hereby accept	purpose of	hanging its	registered gistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section	n change was au n 617.0503, Flori	itnorized ida Statui	ove-n by the tes.	named corp e corporatio	on's board of directors. I heraby acces	purpose of on the purpoint	changing its	registered gistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Suci ations of, Section and title if applicable	n change was au n 617.0503, Flori	ida Statui	ove-n by the tes.	named corp e corporatio	d when reinstating)	purpose of on the appoint		
office or re agent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	ations of, Section	n change was au n 617.0503, Flori le. (NOTE:	Registered A	ove-n by the tes.	named corp e corporatio	on's board of directors. I heraby acces	purpose of on the appoint		PRS IN 12
office or re agent. I an SIGNATURE 12.	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	of Florida, Suci ations of, Section and title if applicable	n change was au n 617.0503, Flori	Registered A	ove-n by the tes.	named corp e corporatio	d when reinstating)	purpose of on the appoint	D DIRECTO	PRS IN 12
office or re agent. I an SIGNATURE 12. TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida, Suci ations of, Section and title if applicable	n change was au n 617.0503, Flori le. (NOTE:	Registered A  13. 1.1 TITL 12 NAA	ove-n by the tes.	named corp e corporation	d when reinstating)	purpose of on the appoint	D DIRECTO	PRS IN 12
office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	n change was au n 617.0503, Flori le. (NOTE:	Registered A  1.1 TITL  1.2 NAA  1.3 STR	ove-no by the tes.  Agent significant sign	named corp e corporation ignature require	d when reinstating)	purpose of on the appoint	D DIRECTO	PRS IN 12
office or re agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AN  PTD  CUMMINGS, JOSEPH  16400 CASTILE AVENUE  PANAMA CITY BEACH FL 3241	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	n change was au n 617.0503, Flori  NOTE: S DELETE	Registered A  13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT	OVE-IN by the tes.  Agent sign.  E ME REET AL Y-ST-Z	named corp e corporation ignature require	d when reinstating)	purpose of on the appoint	D DIRECTO	PRS IN 12 ☐ Addition
office or re agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	agistered agent, or both, in the State in familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AN  PTD  CUMMINGS, JOSEPH  16400 CASTILE AVENUE  PANAMA CITY BEACH FL 3241  VPDT	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	n change was au n 617.0503, Flori le. (NOTE:	Registered A  1.1 TITL  1.2 NAA  1.3 STR  1.4 CITTL	OVE-IN by the test.  Agent significant sig	named corp e corporation ignature require	d when reinstating)	purpose of on the appoint	D DIRECTO	
office or re agent. I an SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both, in the State in familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AN  PTD  CUMMINGS, JOSEPH  16400 CASTILE AVENUE  PANAMA CITY BEACH FL 3241  VPDT  SMITH NATT	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	n change was au n 617.0503, Flori  NOTE: S DELETE	Registered A  13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT	OVE-IN by the test.  Agent significant sig	named corp e corporation ignature require	d when reinstating)	purpose of on the appoint	D DIRECTO	PRS IN 12 ☐ Addition
office or re agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	agistered agent, or both, in the State in familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AN  PTD  CUMMINGS, JOSEPH  16400 CASTILE AVENUE  PANAMA CITY BEACH FL 3241  VPDT	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	n change was au n 617.0503, Flori  NOTE: S DELETE	Registered A  13. 1.1 TITL 12 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	OVE-NO by the tes.  Agent set tes.  EXECUTE ALL Y-ST-Z  LE WE	named corporation of the corpora	d when reinstating)	purpose of on the appoint	D DIRECTO	PRS IN 12
office or re agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	pgistered agent, or both, in the State in familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AN  PTD  CUMMINGS, JOSEPH  16400 CASTILE AVENUE  PANAMA CITY BEACH FL 3241  VPDT  SMITH NATT	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	In change was au n 617.0503, Flori ie. (NOTE: S DELETE	Registered A  13. 1.1 TITL 12 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	OVE-NO by the tes.  Agent signature. E. E. ME. REET AL. E. M. E.	named corporation of the corpora	d when reinstating)	purpose of on the appoint	D DIRECTO Change	RS IN 12 Addition
office or re agent. I an agent. I an SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pgistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	n change was au n 617.0503, Flori  NOTE: S DELETE	Registered A  13. 1.1 TITL 12 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN 2.3 STR	OVE-IN by the by the tes.  Agent set in the	named corpe e corporation ignature require	d when reinstating)  ADDITIONS/CHANGES TO OF	purpose of on the appoint	D DIRECTO	PRS IN 12 ☐ Addition
office or re agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	sgistered agent, or both, in the State in familiar with, and accept the obligation of printed name of registered age OFFICERS AND OFFIC	of Florida. Such ations of, Section ant and title if applicable ND DIRECTORS	In change was au n 617.0503, Flori ie. (NOTE: S DELETE	Registered / 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM	OVE-DO by the tess.  E. E. ME REET AL C. T. ST. Z. E. E. T. ST. Z. E.	named corporation of the corpora	d when reinstating)  ADDITIONS/CHANGES TO OF	purpose of on the appoint	D DIRECTO Change	RS IN 12 Addition

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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

**⋈** DELETE

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☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TIRE

NAME

TITLE

NAME

SOUTHPORT FL 32409

4266 W HIGHWAY 30-A

SANTA ROSA BEACH FL 32459

NETBORF, BEVERLY

Joseph M. Chatmings REDSEPHEM CUMMINGS

01-25-1999 850-230-0350

PANAMA CITY BEACH, FL 32413

ETHEREDGE, RUDY 2128 BRIAWOOD CIRCLE

PANAMA CITY, FL 32405

Daytime Phone #

Change

Change

Change

M Addition

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Addition