

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005164

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** MINISTRIES OF THE VINEYARD, INC.

**Current Principal Place of Business:**

16400 CASTILE AVENUE  
ATTN: JOSEPH CUMMINGS  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

16400 CASTILE AVENUE  
ATTN: JOSEPH CUMMINGS  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 31-1486132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CUMMINGS, JOSEPH  
Address: 16400 CASTILE AVENUE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VPDT ( ) Delete  
Name: SMITH NATT,  
Address: 1118 MISSOURI AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD ( ) Delete  
Name: KLEIMEYER, MARK  
Address: 120 DRAGON CIRCLE  
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: KLEIMEYER, MARK  
Address: 120 DRAGON CIRCLE  
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: TRES ( ) Change (X) Addition  
Name: CAIN, JEFF  
Address: 919 MISSISSIPPI AVE  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH CUMMINGS

PTD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date