2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N96000005164

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 M CUMMINGS PTD 04/21/2009

Electronic Signature of Signing Officer or Director — Date