2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90008 005 ****70.00

DOCUMENT # N96000005610

1. Entity Name

VINEYARD CHRISTIAN FELLOWSHIP OF PEMBROKE PINES,

Principal Place of Business	Mailing Address
6121 NW 176 TERRACE MIAMI FL 33015 US	6121 NW 176 TERRACE MIAMI FL 33015-4535 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0708435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, BILL 13901 NW 4 ST APT 208 PEMBROKE PINES FL 33028	Name Street Address (P.O. Box Number is Not Acceptable) 6121 NW 176 Terrace City Miami FL 33015 FL Zip Code 33015

8. 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 _____ 1-6-2000

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD MILLER, BILL 13901 NW 4TH ST APT 208 PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6121 NW 176 Terrace Miami FL 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, KEVIN 19002 SW 95 AVE. MIAMI FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Robert Quirk 10467 SW 49th Place Cooper City FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLBROOK, JOSEPH 25505 SW 126 CT. MIAMI FL 33032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLOPIS, EDMUNDO 15942 NW 83RD COURT MIAMI FL 33016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-6-2000 3055569606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #