

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005610

FILED
Feb 13, 2006
Secretary of State

Entity Name: VINEYARD CHRISTIAN FELLOWSHIP OF PEMBROKE PINES, INC.

Current Principal Place of Business:

6121 NW 176 TERRACE
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

6121 NW 176 TERRACE
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 65-0708435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BILL
6121 NW 176 TERR
MIAMI, FL 33015 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: PCD () Delete
Name: MILLER, BILL
Address: 6121 NW 176 TERR
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: TAYLOR, SERGIO
Address: 6338 NW 170 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: GOMEZ, RALPH
Address: 7570 NW 113 PATH
City-St-Zip: MIAMI, FL 33178

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL MILLER

PCD

02/13/2006

Electronic Signature of Signing Officer or Director

Date