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May 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000038 (6)

1. Corporation Name

VINEYARD COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

6720 NW 44 CT
LAUDERHILL FL 33313

6720 NW 44 CT
LAUDERHILL FL 33319-4031



3. Date Incorporated or Qualified
12/30/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 27 W. Hallandale Beach
Suite, Apt. #, etc.

26 P.O. Box 1261
Suite, Apt. #, etc.

22 BVO.
City & State

27 HALLANDALE, FL
City & State

23 HALLANDALE, FLORIDA
Zip

28 33008
Zip

24 33009
Country

29 USA
Country

4. FEI Number
65-0716069

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, DEBORAH
6720 NW 44 CT
LAUDERHILL FL 33313

81 Name DEBORAH GRAHAM
82 Street Address (P.O. Box Number is Not Acceptable) 304 RAINBOW DRIVE
83 HOLLYWOOD, FLORIDA
84 City HOLLYWOOD, FL
85 Zip Code 33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Deborah Graham

5/1/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GRAHAM, DEBORAH
STREET ADDRESS 6720 NW 44 CT
CITY-ST-ZIP LAUDERHILL FL 33313

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS
NAME MEREDITH, SHANTWENETT
STREET ADDRESS 6720 NW 44 CT
CITY-ST-ZIP LAUDERHILL FL 33313

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME PRICE, ANGELA
STREET ADDRESS 4301 NW 19TH ST #3
CITY-ST-ZIP FT LAUDERDALE FL 33311

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME JONES, LAVENDA
STREET ADDRESS 2700 NW 26TH ST #5
CITY-ST-ZIP LAUDERHILL FL 33313

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Deborah Graham

5/1/97

CR2E037 (9/96)