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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000038 (6)

1. Corporation Name

VINEYARD COMMUNITY DEVELOPMENT, INC.



Principal Place of Business	Mailing Address
27 W HALLANDALE BEACH BLVD. HALLANDALE FL 33009 US	P.O. BOX 1261 HALLANDALE FL 33008 US

2. Principal Place of Business	2a. Mailing Address
21 6553 Church STREET	26 P.O. Box 161909
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Atlanta, GA.	28 City & State Atlanta, GA.
24 Zip 30274	25 Country USA
29 Zip 30321	30 Country USA

3. Date Incorporated or Qualified	12/30/1996
4. FEI Number	65-0716067
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GRAHAM, DEBORAH 304 RAINBOW DRIVE HOLLYWOOD FL 33021

This address is the address of the current registered agent.

10. Name and Address of New Registered Agent
81 Name <del>Deborah Graham</del>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <del>8903 Habersham Drive</del>
84 City <del>Jonesboro, GA</del>
85 Zip Code <del>30238</del>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	GRAHAM, DEBORAH
STREET ADDRESS	6720 NW 44 CT
CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	DS <input type="checkbox"/> DELETE
NAME	MEREDITH, SHANTWENETT
STREET ADDRESS	6720 NW 44 CT
CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	PRICE, ANGELA
STREET ADDRESS	4301 NW 19TH ST #3
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JONES, LAVENDA
STREET ADDRESS	2760 NW 26TH ST #5
CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP DEBORAH GRAHAM
1.3 STREET ADDRESS	8903 Habersham Drive
1.4 CITY-ST-ZIP	Jonesboro, GA. 30238
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DS SHAW MEREDITH
2.3 STREET ADDRESS	8903 HABERSHAM DRIVE
2.4 CITY-ST-ZIP	Jonesboro, GA. 30238
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D GRAHAM, James
3.3 STREET ADDRESS	8903 HABERSHAM DRIVE
3.4 CITY-ST-ZIP	Jonesboro, GA. 30238
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Sandra Jones
4.3 STREET ADDRESS	6711 Church Street 6B
4.4 CITY-ST-ZIP	Riverdale, GA. 30274
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_

CR2E037 (10/97)