

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003339

1. Entity Name

VINEYARD CHRISTIAN FELLOWSHIP OF ORANGE PARK, IN C.

Principal Place of Business

Mailing Address

109 INDUSTRIAL LOOP N  
ORANGE PARK FL 32073

1740 GLEN LAUREL DRIVE  
MIDDLEBURG FL 32068

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

59-3453822

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

CHRISTIAN, GARY I  
3100 UNIVERSITY BLVD. S., STE. 101  
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 DP  
NAME SHELTON, MICHAEL B  
STREET ADDRESS 1740 GLEN LAUREL DRIVE  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVT  
NAME SANTELMANN, DOUGLAS W  
STREET ADDRESS 2558 WINGFIELD LANE  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME LOPEZ, DANIEL  
STREET ADDRESS 596 BENJAMIN HARRIS ROAD  
CITY-ST-ZIP ORANGE PARK FL 32073 ☒ Delete

TITLE DV  
NAME Parker, Michael S.  
STREET ADDRESS 807 Elmwood Street  
CITY-ST-ZIP Orange Park, Florida 32065 ☐ Change ☒ Addition

TITLE DS  
NAME SHELTON, JANET  
STREET ADDRESS 1740 GLEN LAUREL DRIVE  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ 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

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:

Janet Shelton (Janet Shelton)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-02

Date

904-272-9465

Daytime Phone #

CR2E037 (9/01)