

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003654

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: PORT VINEYARD CHURCH INC.

## Current Principal Place of Business:

6811 HERITAGE DRIVE  
PORT ST LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

6811 HERITAGE DRIVE  
PORT ST LUCIE, FL 34952

## New Mailing Address:

FEI Number: 65-0782276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILLETTE, JOHN  
6008 HICKORY DRIVE  
FT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

GILLETTE, JOHN  
7750 GULLOTTI PLACE  
PT. ST. LUCIE, FL 34952 US

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:

01/28/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GILLETTE, JOHN E  
Address: 6008 HICKORY DR  
City-St-Zip: FT PIERCE, FL 34550

Title: VD ( ) Delete  
Name: GILLETE, DONNA M  
Address: 6008 HICKORY DR  
City-St-Zip: FT PIERCE, FL 34982

Title: D ( ) Delete  
Name: LABOUEF, RIC  
Address: 622 NW STANFORD LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: WALSH, KEVIN  
Address: 345 E WEATHERBEE RD LOT 152  
City-St-Zip: FORT PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GILLETTE, JOHN E  
Address: 7750 GULLOTTI PLACE  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: D (X) Change ( ) Addition  
Name: GILLETE, DONNA M  
Address: 7750 GULLOTTI PLACE  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: VD (X) Change ( ) Addition  
Name: LABOUEF, RIC  
Address: 4883 CHRISTENSEN RD.  
City-St-Zip: FT. PIERCE, FL 34982

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 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 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: JOHN GILLETTE

PD

01/28/2005

Electronic Signature of Signing Officer or Director

Date