

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003654

FILED
Apr 27, 2007
Secretary of State

Entity Name: PORT VINEYARD CHURCH INC.

Current Principal Place of Business:

PO BOX 13478
FORT PIERCE, FL 34979

New Principal Place of Business:

4883 CHRISTENSEN RD
FORT PIERCE, FL 34981

Current Mailing Address:

PO BOX 13478
FORT PIERCE, FL 34979

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:

LABOUEF, MICHAEL
4883 CHRISTENSEN RD
FORT PIERCE, FL 34981 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: PD () Delete
Name: LABOUEF, MICHAEL R
Address: 4883 CHRISTENSEN RD
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: GILLETE, DONNA M
Address: 7750 GULLOTTI PLACE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VD () Delete
Name: GILLETTE, JOHN E
Address: 7750 GULLOTTI PLACE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: LABOUEF, DEBORAH
Address: 4883 CHRISTENSEN RD
City-St-Zip: FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL R LABOUEF

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date