

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003654

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: PORT VINEYARD CHURCH INC.

## Current Principal Place of Business:

4883 CHRISTENSEN RD  
FORT PIERCE, FL 34981

## New Principal Place of Business:

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

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/08/2008

Electronic Signature of Signing Officer or Director

Date