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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006397

1. Corporation Name
VINEDRESSERS MINISTRIES, INC.

Principal Place of Business 15710 JERICHO DRIVE ODESSA FL 33556	Mailing Address 8578 GUNN HWY STE 118 ODESSA FL 33556 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/10/1997	4. FEI Number 59-3480569	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CONLEY, WENDY
15710 JERICHO DRIVE
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	CONLEY, WENDY	
STREET ADDRESS	15710 JERICHO DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	PYBUS, GWEN	
STREET ADDRESS	2826 CEDAR RIDGE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARRAGUT, WILLIAM	
STREET ADDRESS	14022 ARBOR KNOLL CIR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, CONLEY	
STREET ADDRESS	15710 JERICHO DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, PAMELA	
STREET ADDRESS	601 S BROAD ST	
CITY-ST-ZIP	CAMDEN SC 29020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 4-15-99 813-926-8084
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)