

FILE NOW: FILING FEE IS \$61.25

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Jun 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007210 (4)

1. Corporation Name

VINEYARD CHRISTIAN FELLOWSHIP AT ROOSEVELT, INC.



Principal Place of Business	Mailing Address
5393 ROOSEVELT BLVD. STE. 17 JACKSONVILLE FL 32210	5393 ROOSEVELT BLVD. STE. 17 JACKSONVILLE FL 32210

3. Date Incorporated or Qualified	12/29/1997
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4. FEI Number	59-3447293	Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. SAME AS ABOVE	26. 5355 DELLA ROBBIA WAY
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. JACKSONVILLE, FL
24. Zip	29. 32210
25. Country	30. DUVAL

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
CHRISTIAN, GARY I 5393 ROOSEVELT BLVD. STE. 17 JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. N/A
84. City
85. Zip Code
FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	MALDONADO, WILL
STREET ADDRESS	5355 DELLA ROBBIA WAY
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	DV
NAME	BROOKINS, LEE
STREET ADDRESS	8506 SYNHOFF DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	DS
NAME	MALDONADO, PRUDY E
STREET ADDRESS	5355 DELLA ROBBIA WAY
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	BOARD MEMBER
NAME	WAYNE RUTLAND
STREET ADDRESS	11001 ST. AUGUSTINE RD #820
CITY-ST-ZIP	JAX, FL 32257
TITLE	BOARD MEMBER
NAME	KEN BRIGHT
STREET ADDRESS	10538 ROCKY GARDEN LANE
CITY-ST-ZIP	JAX, FL 32257
TITLE	
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.

SIGNATURE: *Will Maldonado*

6-1-98 904-3880055

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