

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007210

1. Entity Name

VINEYARD CHRISTIAN FELLOWSHIP AT ROOSEVELT, INC.

Principal Place of Business

Mailing Address

5393 ROOSEVELT BLVD. STE. 17
JACKSONVILLE FL 32210

5355 DELLA ROBBIA WAY
JACKSONVILLE FL 32210-8442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447293

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, GARY I
5393 ROOSEVELT BLVD. STE. 17
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPT ☐ Delete
NAME MALDONADO, WILL
STREET ADDRESS 5355 DELLA ROBBIA WAY
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE BM ☐ Change ☒ Addition
NAME WARREN THOMAS
STREET ADDRESS 281 AURORA DR
CITY-ST-ZIP ORANGE PK, FL 32073

TITLE DV ☐ Delete
NAME BROOKINS, LEE
STREET ADDRESS 8506 SYNHOFF DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE BM ☐ Change ☒ Addition
NAME ELWIN FULLER
STREET ADDRESS 4375 CONFEDERATE PT. RD 12E
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE DS ☐ Delete
NAME MALDONADO, PRUDY E
STREET ADDRESS 5355 DELLA ROBBIA WAY
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BM ☒ Delete
NAME BRIGHT, KEN
STREET ADDRESS 10538 ROCKY GARDEN LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BM ☐ Delete
NAME MCCULLOUGH, RON
STREET ADDRESS 12181 DARCY DR
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *WILL MALDONADO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

904-388-9910

Date

Daytime Phone #