

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004475

1. Entity Name

VINE LIFE CHURCH, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90004 028 ****61.75

Principal Place of Business

1059 N.W. 119TH STREET
 NORTH MIAMI FL 33168

Mailing Address

1059 N.W. 119TH STREET
 NORTH MIAMI FL 33168

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

NOT APPLICABLE

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

LOMAX, CALVIN
 18611 NW 48TH COURT
 MIAMI FL 33055

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME D
 STREET ADDRESS LOMAX, CALVIN
 CITY-ST-ZIP 18611 NW 48TH COURT
 MIAMI FL 33055

TITLE ☐ Change ☐ Addition
 NAME SA. PASTOR
 STREET ADDRESS CALVIN LOMAX
 CITY-ST-ZIP 6017 S.W. 34 ST #2
 MIRAMAR FL 33023

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MOORE, JOHNNIE
 CITY-ST-ZIP 2092 NE 96TH TERR APT 0
 PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition
 NAME PASTOR
 STREET ADDRESS JOHNNIE MOORE JR.
 CITY-ST-ZIP 3820 S.W. 70 AVE
 MIRAMAR FL 33023

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MARTIN, JAMES
 CITY-ST-ZIP 8510 N SHERMAN CIR APT C-101
 MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition
 NAME PASTOR
 STREET ADDRESS JAMES MARTIN
 CITY-ST-ZIP 19597 N.W. 55 CIR. PLAGE
 MIAMI FL 33055

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/00

(954) 981-5777

Date

Daytime Phone #

CR2E037 (5/00)