

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002858

1. Entity Name

VINEYARD OUTREACH CENTER, INC.

Principal Place of Business

925 N. CENTRAL AVENUE
UMATILLA FL 32784

Mailing Address

925 N. CENTRAL AVENUE
UMATILLA FL 32784

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

59-3578494

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

TALLY, LOU
3900 LAKE CENTER DRIVE
SUITE A-4
MOUNT DORA FL

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 D
NAME GREENFIELD, KATHLEEN
STREET ADDRESS 23745 BRANDI KALA LANE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME OSBORNE, JOHN
STREET ADDRESS 41329 SILVER DRIVE
CITY-ST-ZIP UMATILLA FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME OSBORNE, DIANNE
STREET ADDRESS 41329 SILVER LANE
CITY-ST-ZIP UMATILLA FL 32874

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SCOTT, ALAN
STREET ADDRESS 1700 N. FALCON ROAD
CITY-ST-ZIP FLAGSTAFF AZ 86004

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne Osborne, President 4/24/01

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90108 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)