2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002858

FILED Apr 25, 2006 Secretary of State

Entity Name: VINEYARD OUTREACH CENTER INC.

Current P	Principal Place of Business:	New Principal Place of Business:	
35922 GA EUSTIS, F			
Current N	Nailing Address:	New Mailing Address:	
P O BOX MOUNT D	1844 DORA, FL 32756 US		
FEI Number	r: 59-3578494 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (()
Name and	d Address of Current Registered Agent	Name and Address of New Registered Agent:	
35922 GA EUSTIS, F			
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or	both,
in the Stat	e of Florida.	ne purpose of changing its registered office or registered agent, or	both,
in the Stat	e of Florida.		both,
in the Stat SIGNATU	e of Florida.		
in the Stat SIGNATU OFFICER Title: Name: Address:	RE: Electronic Signature of Registered	Agent Date	
in the Stat SIGNATU	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: D () Delete GREENFIELD, KATHLEEN 23745 BRANDI KALA LANE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: () Change () Addition Name: Address:	
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Te of Florida. RE: Electronic Signature of Registered ES AND DIRECTORS: D () Delete GREENFIELD, KATHLEEN 23745 BRANDI KALA LANE HOWEY-IN-THE-HILLS, FL 34737 US D () Delete OSBORNE, JOHN 24 MARYLAND AVE.	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE OSBORNE PD 04/25/2006