

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002858

FILED
May 07, 2007
Secretary of State

Entity Name: VINEYARD OUTREACH CENTER, INC.

Current Principal Place of Business:

35922 GATCH RD.
EUSTIS, FL 32736 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1844
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: 59-3578494 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OSBORNE, DIANNE
35922 GATCH RD.
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENFIELD, KATHLEEN
Address: 23745 BRANDI KALA LANE
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737 US

Title: D () Delete
Name: OSBORNE, JOHN
Address: 24 MARYLAND AVE.
City-St-Zip: POUGHKEEPSIE, NY 12603 US

Title: D () Delete
Name: OSBORNE, DIANNE
Address: 35922 GATCH RD.
City-St-Zip: EUSTIS, FL 32736 US

Title: D () Delete
Name: SCOTT, ALAN
Address: 16444 N. 56TH PLACE
City-St-Zip: SCOTTSDALE, AZ 85254 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date