


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # N99000005395   |  |
| 1. Entity Name<br>VINEYARD CHRISTIAN FELLOWSHIP OF LEESBURG, INC. |   |

|  |   |
|--|---|
| Principal Place of Business<br>1127 E. NORTH BLVD.<br>LEESBURG, FL 34748 | Mailing Address<br>PO BOX 491150<br>LEESBURG, FL 34749-1150 |
|--|---|



04252006 No Chg-NP CRZE037 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3602196 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>GIDEONS, RANDALL G<br>13715 SR 471<br>WEBSTER, FL 33597 |
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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. I am familiar with, and accept the obligations of registered agent.

|  |   |            |
|--|---|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when renewing) | DATE _____ |
|--|---|------------|

|   |   |   |
|---|---|---|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 1100000540638<br>05/10/06-80025-013 61.25 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>GIDEONS, RANDALL<br>13715 SR 471<br>WEBSTER, FL 33597 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>GIDEONS, RHONDA<br>13715 SR 471<br>WEBSTER, FL 33597  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>CANNON, BRANT<br>4211 SR 60<br>WILDWOOD, FL 34785    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 | Date | Daytime Phone # |
|--|--|------|-----------------|