2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005638

FILED Jan 24, 2006 Secretary of State

Entity Name: VINEYARD CHRISTIAN FELLOWSHIP OF JACKSONVILLE BEACH, INC.

Current Principal Place of Business:				New Principal Place of Business:	
0 OCEAN	BLVD				
ATLANTIC	BEACH, FL 3	32233			
Current Mailing Address:				New Mailing Addre	ess:
50 OCEAN BLVD					
11 ATLANTIC BEACH, FL 32233					
El Number:	59-3599548	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registere					of New Registered Agent:
CHRISTIAN, GARY I 3100 S UNIVERSITY BLVD 101-3100 JACKSONVILLE, FL 32216 US			BROOKINS, HAROLD L P 60 OCEAN BLVD 11 ATLANTIC BEACH, FL 32233 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATURE: HAROLD L. BROOKINS					01/24/2006
	Electron	ic Signature of Registered Age	nt		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	BROOKINS, LE 1359 PINEWOO			Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	D () MCGLAUGHLIN 516 N 1ST STR NEPTUNE BEAG	EET		Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	COKER, CHUC 1207 21ST STR			Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	BROOKS, RON	LAND CIRCLE SOUTH		Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	MCILROY, GRE	TERRACE DRIVE		Title: Name: Address: City-St-Zip:	()Change ()Addition

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: HAROLD L BROOKINS P 01/24/2006