FILED
May 19, 2003 8:00 am
Secretary of State
04-25-2003 90242 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/25

DOCUMENT # P02000052702

1. Entity Name
THE VINEYARD CHRISTIAN BOOKSTORE & COFFEE BAR, INC.

Principal Place of Business	Mailing Address
1639 VIRGINIA DR. CLERMONT, FL 34711	1639 VIRGINIA DR. CLERMONT, FL 34711

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
305 E. Hwy 50	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State:
Zip: 34711 Country: LAKE	Zip: Country:

4. FEI Number: 04-3673344 ☐ 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
HARTZOG, MARTA M 1639 VIRGINIA DR. CLERMONT, FL 34711	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESIDENT HARTZOG, MARTA M 1639 VIRGINIA DR. CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEONARD THOMPSON 10405 THOMPSON PL CLERMONT, FL 34711	☐ Change ☑ Addition SEC/TR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P V.P. HARTZOG, DANNY 1639 VIRGINIA DR. CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTA HARTZOG - PRES	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADDLE, AMANDA 4009 SYCAMORE RD. COLDWATER, MI 39618	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DANNY HARTZOG - V.P.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

CR2E034 (10/02)

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 607, 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: Marta Hartzog 4/21/03 352-241-0582
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #