I hereby 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 all other like empowered. PRESIDENT

SIGNATURE: MELVIN B. COPELAND

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent Officer/Director Detail ·

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.

Officer/Director Detail :			
Title	PRES	Title	VP
Name	COPELAND, MELVIN B	Name	HAMMOND, EILEEN
Address	924 LAKE AVENUE	Address	2104 SOUTH RIVERSIDE DRIVE
City-State-Zip:	EDGEWATER FL 32132	City-State-Zip:	EDGEWATER FL 32132
Title	SECRETARY		
Name	FORTNEY, MANDA		
Address	217 OAK BRANCH DRIVE		
City-State-Zip:	EDGEWATER FL 32141		

151 EAST HALIFAX AVENUE OAK HILL, FL 32759

FEI Number: 46-1360824

Current Mailing Address:

DOCUMENT# N12000009444

151 EAST HALIFAX AVENUE OAK HILL, FL 32759

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Entity Name: FRUIT OF THE VINE FELLOWSHIP CORP

GRIFFITH, LINDA M 151 EAST HALIFAX AVENUE OAK HILL, FL 32759 US

SIGNATURE:

FILED Feb 02, 2016 Secretary of State CC4896970421

Certificate of Status Desired: Yes

02/02/2016

Date

Date