

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004653

1. Entity Name

TRUE VINE TRANSFORMING MINISTRIES, INC.

Principal Place of Business

HOLIDAY INN EXPRESS
4732 NORTH DEL MABRY
TAMPA FL 33614

Mailing Address

TRUEVINE
P.O. BOX 151869
TAMPA FL 33684-1869

2. Principal Place of Business

12222 56th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33617

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

HALL, MARCIA W
4747 W. WATERS AVE., #4402
TAMPA FL 33614

4. FEI Number

59-3554980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

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 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:

Marcia Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90342 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment

Doc. # N00000004653
747324

Box 11
CONTINUE

M

MARCIA HALL
4747 W. Water Ave #4402
Tampa, FL 33614

Addition

D

HARVEY SMITH
7909C LANDMARK LN
Tampa, FL 33615

Addition

D

ALISA SUTTON
7946 HANLEY RD.
Tampa, FL 33615

Addition