## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N00000004653



## **FILED** Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90131 010 \*\*\*\*61.25

TRUE VINE TRANSFORMING MINISTRIES, INC.												
Principal Place of Business 12222 N. 56TH TAMPA, FL 33617			TRUEV P.O. B	Mailing Address TRUEVINE P.O. BOX 151869 TAMPA, FL 33684-1869								1///Bi Bi ib bi
Principal Place of Business     3.			3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				04112006	Chg-NP	CR2E	037 (11/05)	
City & State			City	City & State				4. FEI Numbe 59-3554			<u> </u>	ot Applicable
Zip	Country		Zip	Zip Cou			5. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required					
		and Address of Current	t Registered					7. Name and	Address of New	Registered	Agent	
HALL, MARCIA W 4747 W. WATERS AVE., #1803 TAMPA, FL 33614						Name Street Add	ddress (F	s (P.O. Box Number is Not Acceptable)				
	•			City						F	Zip Coo	je
	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.											
	٠.											
SIGNATURE .	Signature typed o	r printed name of registered agen	it and title if applic	able. (NOTE	: Registere	d Agent signature	re required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.								
								\$5.00 May Be Added to Fees	. ,		ck payable t artment of S	
10.	Due by M		IRECTORS					Added to Fees	. ,	orida Depa	artment of S	itate
TITLE	Due by M	<b>OFFICERS AND D</b>	IRECTORS		11.	ion. [		Added to Fees	Fie	orida Depa	artment of S	itate
TITLE NAME	Due by M	ay 1, 2006  OFFICERS AND DI	IRECTORS	Trust Fund C	11. TITLE	ion. [		Added to Fees	Fie	orida Depa	DIRECTORS IN	N 10
TITLE	Due by M D KNOCKET 406 CHAR	ay 1, 2006  OFFICERS AND DI T, ANNIE LOTT AVE	IRECTORS	Trust Fund C	11. TITLE NAME STRE	ion. [		Added to Fees	Fie	orida Depa	DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M	ay 1, 2006  OFFICERS AND DI T, ANNIE LOTT AVE	IRECTORS	Trust Fund C	11. TITLE NAME STRE	E E E ET ADDRESS -ST-ZIP		Added to Fees	Fie	orida Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS	Due by M D KNOCKET 406 CHAR KINSTON,	OFFICERS AND DI T, ANNIE LOTT AVE NC 28501	IRECTORS	Trust Fund C	11. TITLE NAME STRE	E E E ET ADDRESSST-ZIP		Added to Fees	Fie	orida Depa	DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by M D KNOCKET 406 CHAR KINSTON, D BURNETTI	OFFICERS AND DI T, ANNIE LOTT AVE NC 28501	IRECTORS	Trust Fund C	11. TITLE NAME STRE CITY TITLE NAME STRE	E E E ET ADDRESS E E E E E E E E E E E E E E E E E E		Added to Fees	Fie	orida Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by M KNOCKET 406 CHAR KINSTON, D BURNETTI 756 FITZG RALEIGH,	AY 1, 2006  OFFICERS AND DI T, ANNIE LOTT AVE NC 28501  E, JULIE ERALD DR	IRECTORS	Trust Fund C	11. TITLE NAME STRE CITY TITLE NAME STRE	E E E E E ST-ZIP E E E E		Added to Fees	Fie	orida Depa	DIRECTORS IN Change	N 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M.  NOCKET 406 CHAR KINSTON. D BURNETTI 756 FITZG RALEIGH, D RATCLIFF 2908 BUCH RALEIGH, C HALL, BRU 4747 WATI TAMPA, FL D SUTTON, I 205 BENS VALRICO, D EUBANKS	AY 1, 2006  OFFICERS AND DI T, ANNIE LOTT AVE NC 28501  E, JULIE ERALD DR NC 27610  CLARENCE KHORN CT NC 27610  JCE ERS AVE. #1803  . 33614  DEONICAL ON ST. FL 33594	IRECTORS	Trust Fund C	11. TITLE NAMI STRE CITY	E E E E E E E E T ADDRESS -ST-ZIP E E E E E E T ADDRESS -ST-ZIP E E E E E E T ADDRESS -ST-ZIP E E E E E E E T ADDRESS -ST-ZIP E E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Added to Fees DDITIONS/CHA	FILANGES TO OFFICE	CERS AND C	Change  Change  Change	Addition  Addition
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Inerect certify that the information supplied with this liling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR