

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 06, 2006  
Secretary of State**

DOCUMENT# N49184

Entity Name: TRUE VINE APOSTOLIC CHURCH OF JESUS CHRIST, INC.

**Current Principal Place of Business:**

10340 PENNSYLVANIA AVENUE  
HOMOSASSA, FL 34487 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 575  
HOMOSASSA, FL 34487 US

**New Mailing Address:**

FEI Number: 59-3429667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEIGS, SCOTT  
8200 W. TROTTER LANE  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MEIGS, SCOTT  
Address: 8200 W. TROTTER LANE  
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete  
Name: STRICKLAND, DALE  
Address: W. OAKLAWN  
City-St-Zip: HOMOSASSA, FL 34447

Title: D ( ) Delete  
Name: MEIGS, MELODY  
Address: 8200 W. TROTTER LANE  
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete  
Name: RUFF, CHARLOTTE  
Address: W. FIELD STREET  
City-St-Zip: HOMOSASSA, FL 34447

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CARON, STEVEN  
Address: 6691 E. MOBILE ST.  
City-St-Zip: INVERNESS, FL 34452

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: STEVEN CARON

D

02/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date