

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002929

**Entity Name:** AWAKENING TRUE VINE INTERNATIONAL OUTREACH  
MINISTRIE INC.

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**6521041566CC**

**Current Principal Place of Business:**

600 MARSH ISLE CIRCLE  
#102  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

600 MARSH ISLE CIRCLE  
#102  
PORT SAINT LUCIE, FL 34952 US

**FEI Number: 65-1093392**

**Certificate of Status Desired: No**

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

PARCHMENT, LOIS JAPOSTLE  
600 MARSH ISLE CIRCLE  
#102  
PORT SAINT LUCIE, FL 34952 US

*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

**Officer/Director Detail :**

Title PD  
Name PARCHMENT, LOIS JAPOSTLE  
Address 600 MARSH ISLE CIRCLE #102  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title T  
Name JOHNSON, BETSEY  
Address 600 MARSH ISLE CIR #102  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title AST  
Name TINA, CASH ADMIN  
Address 18643 SW 28TH COURT  
City-State-Zip: MIRAMAR FL 33029

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.

**SIGNATURE: APOSTLE LOIS J PARCHMENT**

**PD**

**01/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date