FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712566** **(9)**

1. Corporation Name

TRUE VINE TRUE HOLINESS CHURCHES, INC.

Principal Place of Business	Mailing Address
3101-E. LAKE AVENUE TAMPA FL 33610	3101-E. LAKE AVENUE TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 04/11/1967
3a. Date of Last Report: 04/21/1994

4. FEI Number: 59-2506977 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, H. L.
RT 1 BOX 84E
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CM	1.1 TITLE	☐ Change ☐ Addition
NAME	ATKINS, LEROY	1.2 NAME	
STREET ADDRESS	2018 E CLINTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, CHARLES	2.2 NAME	
STREET ADDRESS	3101 E. LADY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	PARTIN, SAMUEL	3.2 NAME	
STREET ADDRESS	SHADY LEOZ DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	THOMAS, RONALD	4.2 NAME	Thaddeus Williams
STREET ADDRESS	1206 WINDY RIDGE DR. (delete)	4.3 STREET ADDRESS	10910 N. 20th ST.
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	TAMPA FLA 33612
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, SAMUEL	5.2 NAME	Darryl Simpson
STREET ADDRESS	7221 E. PALIFOX CIR. (delete)	5.3 STREET ADDRESS	RT 1 box 84e
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Seffner FL. 33584
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leroy Atkins 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

chairman Leroy Atkins