

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712566 (9)
1. Corporation Name
TRUE VINE TRUE HOLINESS CHURCHES, INC.

Principal Place of Business
3101 E. LAKE AVENUE
TAMPA, FL 33610

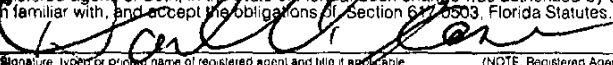
Mailing Address
3101 E. Lake Avenue
Tampa, FL 33610-7852

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***61.25

2. Principal Place of Business 21 3101-2 E. LAKE AVENUE Suite, Apt. #, etc.		2a. Mailing Address 25 P.O. BOX 11308 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/11/1967	
22 City & State 23 TAMPA, FL		27 City & State 28 TAMPA, FL		4. FEI Number 59-2506977	
24 Zip 33610		29 Zip 33680		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 JONES, DAVID A. 82 Street Address (P.O. Box Number is Not Acceptable) 7202 East Bank Drive 83 84 City TAMPA FL 85 Zip Code 33617			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  DATE 8-11-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P/C/D ☒ DELETE				1.1 TITLE P/C/D ☐ Change ☒ Addition			
NAME SIMPSON, H. L. REV.				1.2 NAME JONES, DAVID A. BISHOP			
STREET ADDRESS 6643 SR 579				1.3 STREET ADDRESS 7202 EAST BANK DRIVE			
CITY-ST-ZIP SEFFNER, FL 33584				1.4 CITY-ST-ZIP TAMPA, FL 33617			
TITLE V/C/D ☒ DELETE				2.1 TITLE T/D ☐ Change ☒ Addition			
NAME ATKINS, LEROY DEA.				2.2 NAME BUNTING, EDDY			
STREET ADDRESS 2018 E. CLINTON STREET				2.3 STREET ADDRESS 706 SUNBRIGHT DRIVE			
CITY-ST-ZIP TAMPA, FL 33610				2.4 CITY-ST-ZIP SEFFNER, FL 33584			
TITLE V/P/D ☒ DELETE				3.1 TITLE S/D ☐ Change ☒ Addition			
NAME SIMPSON, DARRYL L.				3.2 NAME RUCKER, BARBARA			
STREET ADDRESS 6643 SR 579				3.3 STREET ADDRESS 10208 NORTH 21ST STREET			
CITY-ST-ZIP SEFFNER, FL. 33584				3.4 CITY-ST-ZIP TAMPA, FL 33612			
TITLE V/P/D ☒ DELETE				4.1 TITLE M/D ☐ Change ☒ Addition			
NAME BRINSON, JESSE J. DEA.				4.2 NAME MCAFEE, ALBERT			
STREET ADDRESS 4821 ASHLAND DRIVE				4.3 STREET ADDRESS 605 NORTH 16th STREET			
CITY-ST-ZIP TAMPA, FL 33610				4.4 CITY-ST-ZIP TAMPA, FL 33612			
TITLE ☐ DELETE				5.1 TITLE D ☒ Change ☐ Addition			
NAME				5.2 NAME CLARKE, CHARLES PASTOR			
STREET ADDRESS				5.3 STREET ADDRESS 15704 PONY PLACE			
CITY-ST-ZIP				5.4 CITY-ST-ZIP TAMPA, FL 33624			
TITLE ☐ DELETE				6.1 TITLE D ☒ Change ☐ Addition			
NAME				6.2 NAME WILLIAMS, THADDEUS DEA.			
STREET ADDRESS				6.3 STREET ADDRESS 5609 North 30th STREET			
CITY-ST-ZIP				6.4 CITY-ST-ZIP TAMPA, FL 33610			

14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)