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

700002624027
-08/25/98--01007--028
***61.25

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

3. Date Incorporated or Qualified
04/11/1967

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

2. Principal Place of Business
21 3101-2 E. LAKE AVENUE
22 Suite, Apt. #, etc.
23 City & State TAMPA, FL
24 Zip 33610 25 Country USA

2a. Mailing Address
26 P.O. BOX 11308
27 Suite, Apt #, etc.
28 City & State TAMPA, FL
29 Zip 33680 30 Country USA

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. 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

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 [signature] 8-11-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

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	

CR2E037 (5/98)

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 on an attachment with an address.

SIGNATURE: [signature] 8-11-98 / 813-980-3676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #