

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90015 004 \*\*\*\*61.25

**DOCUMENT # 712566**

1. Corporation Name

**TRUE VINE TRUE HOLINESS CHURCHES, INC.**

Principal Place of Business  
**3101-2 EAST LAKE AVENUE  
TAMPA FL 33610**

Mailing Address  
**P.O. BOX 11308  
TAMPA FL 33680**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1967</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2506977</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	Trust Fund Contribution	

**9. Name and Address of Current Registered Agent**

**JONES, DAVID A  
7202 EAST BANK DRIVE  
TAMPA FL 33617**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	D
NAME	JONES, DAVID A BISHOP	1.2 NAME	Jones, Albert Deacon
STREET ADDRESS	7202 EAST BANK DRIVE	1.3 STREET ADDRESS	2809 N. 29th Street
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE	TD	2.1 TITLE	D
NAME	BUNTING, EDDY	2.2 NAME	Jones, David P. Deacon
STREET ADDRESS	706 SUNBRIGHT DRIVE	2.3 STREET ADDRESS	1205 E. Linebaugh Avenue
CITY-ST-ZIP	SEFFNER FL 33584	2.4 CITY-ST-ZIP	Tampa, FL 33612
TITLE	SD	3.1 TITLE	D
NAME	RUCKER, BARBARA	3.2 NAME	Frazier, Nelia Pastor
STREET ADDRESS	10208 NORTH 21ST STREET	3.3 STREET ADDRESS	7889 Niagra
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	MD	4.1 TITLE	
NAME	MCACFE, ALBERT	4.2 NAME	
STREET ADDRESS	605 NORTH 16TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CLARKE, CHARLES PASTOR	5.2 NAME	
STREET ADDRESS	15704 PONY PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WILLIAMS, THADDEUS DEACON	6.2 NAME	
STREET ADDRESS	5609 NORTH 30TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	6.4 CITY-ST-ZIP	

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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 13, 1999 (813) 248-9385*

Date

Daytime Phone #

CR2E037 (1/1/98)