2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715027

FILED Aug 06, 2007 Secretary of State

Entity Name: TRUVINE MISSIONARY BAPTIST CHURCH INC

	Principal Place of Business:		lace of Business:
947 31S SARASO	TST. TA, FL 34234		
urrent l	Mailing Address:	New Mailing Ad	dress:
947 31S SARASO	T ST. TA, FL 34234		
n accordai	nce with s. 607.193(2)(b), F.S., the corporation did not red	-	
lame an	d Address of Current Registered Agent:	Name and Addre	ess of New Registered Agent:
954 PRL	GREGORY E SR JDENCE DRIVE TA, FL 34234 US		
	e named entity submits this statement for the purp te of Florida.	ose of changing its regi	stered office or registered agent, or both,
SIGNATU	IRE:		
	Electronic Signature of Registered Agent		Date
	Electronic dignature of Registered Agent		Bate
FFICER	S AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR
OFFICER itle: ame: ddress: ity-St-Zip:	CD () Delete LAMPKIN, WILLIE 9600 LACOSTA CIRCLE, APT # 4	ADDITIONS/CH/ Title: Name: Address: City-St-Zip:	
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	CD () Delete LAMPKIN, WILLIE 9600 LACOSTA CIRCLE, APT # 4 SARASOTA, FL 34237 CT () Delete RIVERS, CHARLIE 2808 POWELL CIRCLE	Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR
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tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	CD () Delete LAMPKIN, WILLIE 9600 LACOSTA CIRCLE, APT # 4 SARASOTA, FL 34237 CT () Delete RIVERS, CHARLIE 2808 POWELL CIRCLE SARASOTA, FL 34234 CTM () Delete GRIFFIN, MARK 20905 64TH AVENUE EAST	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY E. HARRIS, SR. REV. 08/06/2007