

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 736032**

1. Entity Name

TRUE VINE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

408 NW 1ST TERR  
DEERFIELD FL 33411

Mailing Address

408 NW 1ST TERR  
DEERFIELD FL 33411

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

05-0309400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWBOLD, ANTHONY L  
5664 NW 101ST DR  
CORAL SPGS FL 33076

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME TOLLIVER, MATTIE  
STREET ADDRESS 299 SW 3 AVE  
CITY-STATE-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Change ☐ Addition  
NAME U00000624123  
STREET ADDRESS 02/14/07-80017-025 61.25  
CITY-STATE-ZIP

TITLE DS ☐ Delete  
NAME DUBLIN, GEORGIA  
STREET ADDRESS 301 SW 12TH AVE  
CITY-STATE-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE DT ☐ Delete  
NAME NEWBOLD, ANTHONY  
STREET ADDRESS 5664 NW 101 DRIVE  
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE PD ☐ Delete  
NAME DUBLIN, WILLIE E  
STREET ADDRESS 301 SW 12TH AVENUE  
CITY-STATE-ZIP DELRAY BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME SIMMONS, LOUISE  
STREET ADDRESS 535 AUBURN CIR E, APT C  
CITY-STATE-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Anthony L. Newbold* 1/31/07 954-345-9386