2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 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 2. Principal Place of Business - No P.O. Box #
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. Suite, Apt. #, etc. Suite, Apt. #, etc. D2072008 Chg-NP CR2E037 (12/06) City & State Country S. Certificate of Status Desired Sa.75 Additional Fee Required Fee Required Fee Required Name and Address of New Registered Agent Name Mc Clear Wallace C Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Wallace C Mc Clear Signature, typed or printed rights of registered agent and title if applicable. (NOTE: Registered Agent signature required when remissating) DATE
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Zip Country Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) 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 Wallace C. McClead Jallace C. McClead Jallace Monte Registered Agent signature required when reinstating) DATE Not Applicable \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$3.75 Additional Fee Required \$3.75 Additional Fee Required \$1. Name and Address of New Registered Agent Name McClead; Wallace C. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Tevrace City North Lauderdale FL Zip Code 33.00 8 Signature, typed or printed right of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
6. Name and Address of Current Registered Agent NEWBOLD, ANTHONY L 5664 NW 101ST DR CORAL SPGS, FL 33076 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
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Age as Make check payable to
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. 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 Change Delete TITLE P/C Change Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM
NAME TOLLIVER, MATTIE STREET ADDRESS 299 SW 3 AVE STREET ADDRESS CITY STATE OF SPECIAL DESCRIPTION DESCRIPTIO
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP North Lauderdale, FL 33068
TITLE DS Delete TITLE DT Change Addition
NAME DUBLIN, GEORGIA NAME Mccled, Debra
STREET ADDRESS 301 SW 12TH AVE.
CITY-SI-ZIP DELRAY BEACH, FL 33444 CITY-SI-ZIP North Lauderdale, FL 33068
NAME NEWBOLD, ANTHONY STREET ADDRESS 5664 NW 101 DRIVE NAME BYOWN, Savah 255 S.W. 31 Avenue
CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP Deenfield Beach, FL 33441
TITLE PD Projete TITLE V/D Dr. Change Addition
NAME DUBLIN, WILLIE E STREET ADDRESS 301 SW 12TH AVENUE NAME DUBLIN, WILLIE E STREET ADDRESS 301 S. W. IRT AVENUE
STREET ADDRESS 301 SW 12TH AVENUE STREET ADDRESS 301 S. W. ATT AVENUE CITY-ST-ZIP DELRAY BCH, FL 33444
TITLE D Delete TITLE Change Addition
NAME SIMMONS, LOUISE NAME
STREET ADDRESS 535 AUBURN CIR E, APT C STREET ADDRESS
CITY-SI-ZIP DELRAY BEACH, FL 33444 CITY-SI-ZIP
TITLE Delete TITLE Change Addition
NAME Fuller, Kobert A
STREET ADDRESS CITY-S1-ZIP COCOPUT Creek, FL 33663 CITY-S1-ZIP

Halles Cyncled Wallace C. McCled 02/07/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date