

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741746

FILED
Apr 30, 2009
Secretary of State

Entity Name: TRUE VINE MISSIONARY BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business:

8820 N.W. 20TH AVENUE
MIAMI, FL 33147

New Principal Place of Business:

8820 N.W. 20TH AVENUE
MIAMI, FL 33147

Current Mailing Address:

8820 N.W. 20TH AVENUE
MIAMI, FL 33147

New Mailing Address:

FEI Number: 04-3621510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, CHARLES K REV
8820 N.W. 20TH AVENUE
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, CHARLES K
Address: 8820 N.W. 20TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: DOWE, ELIZABETH
Address: 8820 NW 20TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: ROBINSON, IDELL
Address: 9828 NW 26 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: ROBINSON, LEVI
Address: 9826 NW 26TH AVENUE
City-St-Zip: MIAMI, FL 332147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MITCHELL, CHARLES K
Address: 8820 N.W. 20TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES K. MITCHELL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date