

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90058 018 ****61.25

DOCUMENT # 753723

1. Entity Name

TRUE VINE CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

**778 NW 95 TERRACE
 MIAMI FL 33150
 US**

Mailing Address

**2010 N.W. 132ND ST.
 MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2186349

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSHIN, PAUL
 2010 NW 132ND ST.
 MIAMI FL 33167**

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.

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**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
PD CAULEY, (ELDER) ROBERT L	2850 N.W. 160TH STREET OPA LOCKA FL		
SD BRATHWAITE, BARBARA	6736 PETUNIA DR. MIRAMAR FL		
TD RUSHIN, PAUL	2010 NW 132ND ST. MIAMI FL 33167		

12. 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 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: _____ **SIGNATURE REQUIRED** *Robert L Cauley - PD* **305-621-7819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed: **APR 25 2001** Daytime Phone #

CRE037 (10/00)