

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**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  
 2110 NW 193 TER  
 MIAMI, FL 33056

**DO NOT WRITE IN THIS SPACE**



02112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2186349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

FULMORE, CORDELIA  
 2110 N.W. 193 TER  
 MIAMI, FL 33056

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAULEY, (ELDER) ROBERT L 2850 N.W. 160TH STREET OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRATHWAITE, BARBARA 6736 PETUNIA DR. MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FULMORE, CORDELIA 2110 NW 193 TERR OPA LOCKA, FL 33056
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U00000725127  
 05/03/07-80009-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Robert L. Cauley* **P.D.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07-305-6217819  
Date Daytime Phone #