


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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. 180TH 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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100000990162
 04/22/08-80092-022 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 - PD. APR 17-08 305-621-7819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #