

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 17, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000001428**1. Entity Name  
**TRUE VINE FELLOWSHIP, INC.**

Principal Place of Business 10460 SW 146 ST  MIAMI FL 33176	Mailing Address 10460 SW 146 ST  MIAMI FL 33176
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2. Principal Place of Business 13016 SW 120 STREET  Suite, Apt. #, etc.	3. Mailing Address 10460 SW 146 ST  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number <b>65-0981477</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33186	Country US	Zip 33176	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  POOLE ANGELA M 15167 SW 127 CIRCLE CT  MIAMI FL 33186 US		7. Name and Address of New Registered Agent  Name POOLE ANGELA MCPA Street Address (P.O. Box Number is Not Acceptable) 14315 SW 105 COURT  City MIAMI FL Zip Code 33176	
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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.

SIGNATURE **ANGELA M. POOLE, CPA****05/17/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D MOSS DORIS L 10814 SW 141 LANE MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D WALKER SIDNEY 10460 SW 146 STREET MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	S POOLE ROSETTA A 10460 SW 146 STREET MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T/D POOLE ANGELA M 14315 SW 105 COURT MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	V/D POOLE COREY D 14315 SW 105 COURT MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	C/P POOLE JULIUS CSR 10460 SW 146 STREET MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **ANGELA M. POOLE** T/D **05/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)