

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001428

FILED
Feb 09, 2005
Secretary of State

Entity Name: TRUE VINE FELLOWSHIP, INC.

Current Principal Place of Business:

13016 SW 120 STREET
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

10460 SW 146 ST
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0981477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, ANGELA M CPA
2614-C OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303 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: D () Delete
Name: WALKER, SIDNEY
Address: 13240 SW 257TH TERR
City-St-Zip: MIAMI, FL 33032 US

Title: TD () Delete
Name: HILL, VALENCIA D
Address: 11392 SW 203 TERRACE
City-St-Zip: MIAMI, FL 33189 US

Title: VD/S () Delete
Name: POOLE, ROSETTA A
Address: 10460 SW 146 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: C/P () Delete
Name: POOLE, JULIUS C SR
Address: 10460 SW 146 STREET
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: VALENCIA HILL

TD

02/09/2005

Electronic Signature of Signing Officer or Director

Date