## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001428

FILED Jan 09, 2006 Secretary of State

Entity Name: TRUE VINE FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** 13016 SW 120 STREET MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 10460 SW 146 ST MIAMI, FL 33176 US FEI Number: 65-0981477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POOLE, ANGELA M CPA POOLE, ANGELA M CPA 2614-C OLD BAINBRIDGE ROAD 3007 CÁVENAUGH COURT TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 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: 01/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WALKER, SIDNEY Name: Name: Address: 13240 SW 257TH TERR Address: City-St-Zip: MIAMI, FL 33032 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: HILL, VALENCIA D Name: HILL, VALENCIA D Address: 11392 SW 203 TERRACE Address: 2801 CHANCELLORSVILLE DR. APT 411 City-St-Zip: MIAMI, FL 33189 US City-St-Zip: TALLAHASSEE, FL 32312 US Title: VD/S () Delete Title: () Change () Addition POOLE, ROSETTA A Name: Name: 10460 SW 146 STREET Address: Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip: Title: C/P ( ) Delete Title: () Change () Addition Name: POOLE, JULIUS C SR Name: Address: 10460 SW 146 STREET Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 01/09/2006