

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001428

FILED
Mar 06, 2008
Secretary of State

Entity Name: TRUE VINE FELLOWSHIP, INC.

Current Principal Place of Business:

8609 MARSHALL LANE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

8674 MARSHALLS LANE
TALLAHASSEE, FL 32309 US

Current Mailing Address:

8609 MARSHALL LANE
TALLAHASSEE, FL 32309 US

New Mailing Address:

PO BOX 180511
TALLAHASSEE, FL 32318 US

FEI Number: 65-0981477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, VALENCIA D
8609 MARSHALL LANE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

POOLE, JULIUS C
8674 MARSHALL LANE
TALLAHASSEE, FL 32309 US

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: JULIUS POOLE

03/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, SIDNEY
Address: 8601 MARSHALL LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: TD () Delete
Name: HILL, VALENCIA D
Address: 8609 MARSHALL LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VD/S () Delete
Name: POOLE, ROSETTA A
Address: 8674 MARSHALL LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: C/P () Delete
Name: POOLE, JULIUS C SR
Address: 8674 MARSHALL LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D () Delete
Name: WORD, LASHERINY A
Address: 6706 PAMONA COURT
City-St-Zip: TALLAHASSEE, FL 32317 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:

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

I hereby certify that the information supplied with this filing does not qualify 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 D HILL

TD

03/06/2008

Electronic Signature of Signing Officer or Director

Date