

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001428

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: TRUE VINE FELLOWSHIP, INC.

## Current Principal Place of Business:

8674 MARSHALLS LANE  
TALLAHASSEE, FL 32309 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 180511  
TALLAHASSEE, FL 32318 US

## New Mailing Address:

8674 MARSHALLS LANE  
TALLAHASSEE, FL 32309 US

FEI Number: 65-0981477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POOLE, JULIUS C  
8674 MARSHALL LANE  
TALLAHASSEE, FL 32309 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: 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: ROSETTA POOLE

VD/S

03/16/2009

Electronic Signature of Signing Officer or Director

Date