2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N00000003623

Entity Name: FRUIT OF THE VINE MINISTRY INCORPORATED

Current Principal Place of Business:

8315 CALAIS CIRCLE
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

8315 CALAIS CIRCLE
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3638554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLDER, ANDREA
1973 S SEMORAN BLVD
ORLANDO, FL 32822 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:	CD	( ) Delete
Name:	HOLDER, ANDREA	
Address:	8315 CALAIS CIR	
City-St-Zip:	ORLANDO, FL 32825	
Title:	TD	( ) Delete
Name:	HOLDER, TYRONE	
Address:	8315 CALAIS CIR	
City-St-Zip:	ORLANDO, FL 32825	
Title:	T	( ) Delete
Name:	STEWART, TORINA	
Address:	820 CHICKASAW	
City-St-Zip:	ORLANDO, FL 32825	
Title:	D	( ) Delete
Name:	BEAUREGARD, DARLENE	
Address:	7960 SOFT PINE CIR	
City-St-Zip:	ORLANDO, FL 32825	
Title:	D	( ) Delete
Name:	KELLY LOUIS, ANN MARIE	
Address:	2317 LAKE DEBRA DR APT 2722	
City-St-Zip:	ORLANDO, FL 32835	
Title:	S	( ) Delete
Name:	KIMBLE, KESIA	
Address:	2175 62ND ST. N APT 206	
City-St-Zip:	CLEARWATER, FL 33760	

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:	
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: ANDREA HOLDER CD 01/08/2009

Electronic Signature of Signing Officer or Director — Date