

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2005
Secretary of State**

DOCUMENT# N00000004653

Entity Name: TRUE VINE TRANSFORMING MINISTRIES, INC.

Current Principal Place of Business:

12224 N. 56TH
TAMPA, FL 33617

New Principal Place of Business:

12222 N. 56TH
TAMPA, FL 33617

Current Mailing Address:

TRUEVINE
P.O. BOX 151869
TAMPA, FL 336841869

New Mailing Address:

FEI Number: 59-3554980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, MARCIA W
4747 W. WATERS AVE., #1803
TAMPA, FL 33614 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: KNOCKETT, ANNIE
Address: 406 CHARLOTT AVE
City-St-Zip: KINSTON, NC 28501

Title: D () Delete
Name: BURVETTE, JULIE
Address: 756 FITZGERALD DR
City-St-Zip: RALEIGH, NC 27610

Title: D () Delete
Name: RATCLIFF, CLARENCE
Address: 2908 BUCKHORN CT
City-St-Zip: RALEIGH, NC 27610

Title: C () Delete
Name: HALL, BRUCE
Address: 4747 WATERS AVE. #183
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: SUTTON, DEONICAL
Address: 205 BENSON ST.
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: EUBANKS, LINDA
Address: 12418 NORTH 15TH STREET #C
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BURNETTE, JULIE
Address: 756 FITZGERALD DR
City-St-Zip: RALEIGH, NC 27610

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

Title: C (X) Change () Addition
Name: HALL, BRUCE
Address: 4747 WATERS AVE. #1803
City-St-Zip: TAMPA, FL 33614

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

Title: D (X) Change () Addition
Name: EUBANKS, LINDA
Address: 8417 N ARMENIA AVE #705
City-St-Zip: TAMPA, FL 33604

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: MARCIA W. HALL

CFO

03/09/2005

Electronic Signature of Signing Officer or Director

Date