2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N00000004755

Entity Name: TRUE VINE MIRACLE CENTER, INC.

Current Principal Place of Business:

289 HWY 17 N.
EAGLE LAKE, FL 33839

New Principal Place of Business:

1217 6TH STREET S.W
WINTER HAVEN, FL 33880

Current Mailing Address:

2124 RIFLE RANGE RD
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 31-1738288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TURNER, TERESA
2124 RIFLE RANGE ROAD
WINTER HAVEN, FL 33880 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: PD ( ) Delete
Name: TURNER, TERESA
Address: 2124 RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Delete
Name: BILLINGS, SUSIE
Address: 2201 RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD ( ) Delete
Name: PITTMAN, CONNIE
Address: 2201 RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TURNER, TERESA PASTOR
Address: 2124 RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD (X) Change ( ) Addition
Name: BILLINGS, SUSIE DEACON
Address: 2201 RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD (X) Change ( ) Addition
Name: PITTMAN, CONNIE DEACON
Address: 2201 RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

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: TERESA TURNER P 04/13/2005

Electronic Signature of Signing Officer or Director — Date