

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004755

FILED  
Aug 24, 2006  
Secretary of State

**Entity Name:** TRUE VINE MIRACLE CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TURNER, TERESA  
2124 RIFLE RANGE ROAD  
WINTER HAVEN, FL 33880      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      (X) Change ( ) Addition  
Name: HENRY, JOSHUA ASSOCIA  
Address: 3302 ST. VINCENT TERRACE  
City-St-Zip: LAKELAND, FL 33813

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA TURNER

P

08/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date