

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004755

FILED  
Mar 06, 2011  
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:**

8152 CHEROKEE AVE  
BARTOW, FL 33830

**Current Mailing Address:**

2124 RIFLE RANGE RD  
WINTER HAVEN, FL 33880

**New Mailing Address:**

2201 RIFLE RANGE RD  
WINTER HAVEN, FL 33880

**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:**

TURNER, TERESA  
2201 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:** TERESA TURNER

03/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PP  
**Name:** TURNER, TERESA PASTOR  
**Address:** 2201 RIFLE RANGE RD  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** VP  
**Name:** BROWN, DAVID DEACON  
**Address:** MAPLE ST.  
**City-St-Zip:** WINTER HAVEN, FL 33880

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

I hereby 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 all other like empowered.

**SIGNATURE:** TERESA TURNER

PP

03/06/2011

Electronic Signature of Signing Officer or Director

Date