

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005946

FILED
Apr 23, 2007
Secretary of State

Entity Name: TRUE VINE EVANGELICAL MINISTRY, INC.

Current Principal Place of Business:

300 N JOG ROAD
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

PO BOX 1363
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-1154627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XUCAX, JOSE J
538 SHADY PINE WAY, # B
GREENACRES, FL 33415 US

Name and Address of New Registered Agent:

XUNCAX, JOSE J
6450 EMERALD DUNES DR.
303
WEST PALM BEACH, FL 33411 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: JOSE J. XUNCAX

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: XUNCAX, JOSE J
Address: 538 SHADY PINE WAY B
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DS () Delete
Name: XUNCOX, AMERICA
Address: 913 N.F. STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: DT () Delete
Name: TOMAS, VENEDICTO
Address: 913 NORTH F ST
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: XUNCAX, JOSE J
Address: 6450 EMERALD DUNES DR. #303
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DS (X) Change () Addition
Name: XUNCAX, AMERICA
Address: 913 N.F. STREET
City-St-Zip: LAKE WORTH, FL 33460

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: JOSE J. XUNCAX

DP

04/23/2007

Electronic Signature of Signing Officer or Director

Date