

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000846

FILED
Apr 23, 2009
Secretary of State

Entity Name: TRUE VINE DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

1000 HOLMES ST.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522
SHARPES, FL 32959

New Mailing Address:

FEI Number: 03-0421040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, GLADYS R
715 AURORA STREET
COCOA, FL 32922 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: P () Delete
Name: BUTLER, GLADYS R
Address: 715 AURORA STREET
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: KELLEY, BRIAN C
Address: 3630 BROPHY BLVD.
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: RIVERS, LEILA M
Address: 1050 N FISKE BLVD
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: KNIGHT, LYDIA M
Address: 1514 CLEARLAKE RD
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: KELLEY, TORRA L
Address: 3630 BROPHY BLVD.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GLADYS R. BUTLER

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date