2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N02000005558

Entity Name: TRUE VINE DISCIPLESHIP MINISTRIES INC.

Current Principal Place of Business:

5530 CATOMA STREET
3&4
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

PO BOX 57546
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 76-0705140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTE, EARL F JR
14559 CAMBERWELL LANE NORTH
JACKSONVILLE, FL 32258 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: CONTE, EARL F JR.
Address: 14559 CAMBERWELL LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP ( ) Delete
Name: CONTE, EDITH C
Address: 14559 CAMBERWELL LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32258

Title: T ( ) Delete
Name: KNIGHTEN, KIMBERLY
Address: 3058 CAPTIVA BLUFF CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D (X) Delete
Name: JENKINS, EVELYN
Address: 1688 BISCAYNE BAY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: EARL F. CONTE JR. P 04/30/2008

Electronic Signature of Signing Officer or Director — Date