

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005558

FILED  
May 04, 2011  
Secretary of State

**Entity Name:** TRUE VINE DISCIPLESHIP MINISTRIES INC.

**Current Principal Place of Business:**

4940 EMERSON STREET  
SUITE 103  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

14559 CAMBERWELL LANE N  
JACKSONVILLE, FL 32258

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

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

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

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: EARL CONTE JR

P

05/04/2011

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

\_\_\_\_\_  
Date