

ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90004 045 ****61.25

DOCUMENT # N03000002038

1. Entity Name
TRUE VINE APOSTOLIC FAITH HOLINESS CHURCH, INC.Principal Place of Business
P. O. BOX 15364
BROOKSVILLE, FL 34604-0017Mailing Address
P. O. BOX 15364
BROOKSVILLE, FL 34604-0017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162004

Chg-NP

CR2E037 (10/03)

4. FEI Number

32-0080728

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, JEROLENE L
2270 CHAMPLAIN AVENUE
SPRING HILL, FL 34609-5139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	THORNTON, JEROLENE L	2270 CHAMPLAIN AVENUE	SPRING HILL, FL 34609-5139	<input type="checkbox"/>	<input type="checkbox"/>
V	PARFITT, WANDA F	P.O. BOX 340117	TAMPA, FL 33694	<input type="checkbox"/>	<input type="checkbox"/>
S	JEFFERSON, KIMBERLY L	717 EAST ROBSON	TAMPA, FL 33614	<input type="checkbox"/>	<input type="checkbox"/>
T	FOLKS, WANDEZ M	982 WEST BREVARD STREET, APT. E	TALLAHASSEE, FL 32304	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evangelist Jerolene L. Thornton*

*Attachments**574064606*

Division of Corporations

Annual Report

Page 1

Document Number

N03000002038

Business Entity Name

TRUE VINE APOSTOLIC FAITH HOLINESS CHURCH, INC.

32-0080728

FEI Number

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address P. O. BOX 15364
Suite, Apt. #, etc.
City, State BROOKSVILLE, FL
Zip Code & Country 346040017

Mailing Address

Address P. O. BOX 15364
Suite, Apt. #, etc.
City, State BROOKSVILLE, FL
Zip Code & Country 346040017

Name And Address of Registered Agent

Name (Last, First, Middle, Title) THORNTON, JEROLENE, L.
-or- RA Business Name
Address 2270 CHAMPLAIN AVENUE
Suite, Apt. #, etc.
City, State SPRING HILL, FL
Zip Code & Country 346095139 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Evangelist Jerolene L. Thornton