

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002038 1. Entity Name TRUE VINE APOSTOLIC FAITH HOLINESS CHURCH, INC.					
Principal Place of Business P. O. BOX 15364 BROOKSVILLE FL 34604-0017			Mailing Address P. O. BOX 15364 BROOKSVILLE FL 34604-0017		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 32-0080728	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORNTON, JEROLENE L 2270 CHAMPLAIN AVENUE SPRING HILL FL 34609-5139				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P THORNTON, JEROLENE L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2270 CHAMPLAIN AVENUE		NAME		
STREET ADDRESS	SPRING HILL FL 34609-5139		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	V PARFITT, WANDA F	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P.O. BOX 340117		NAME		
STREET ADDRESS	TAMPA FL 33694		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S JEFFERSON, KIMBERLY L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	717 EAST ROBSON		NAME		
STREET ADDRESS	TAMPA FL 33614		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T FOLKS, WANDEZ M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	982 WEST BREVARD STREET, APT. E		NAME		
STREET ADDRESS	TALLAHASSEE FL 32304		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Evangelist Jerolene L. Thornton</i> 3-4-2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



1st MOORE CR2E037 (10/04)

4. FEI Number **32-0080728** Applied For ☐ Not Applicable ☒

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

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** **THORNTON, JEROLENE L** ☐ Delete
 NAME **2270 CHAMPLAIN AVENUE**
 STREET ADDRESS **SPRING HILL FL 34609-5139**
 CITY - ST - ZIP

TITLE **V** **PARFITT, WANDA F** ☐ Delete
 NAME **P.O. BOX 340117**
 STREET ADDRESS **TAMPA FL 33694**
 CITY - ST - ZIP

TITLE **S** **JEFFERSON, KIMBERLY L** ☐ Delete
 NAME **717 EAST ROBSON**
 STREET ADDRESS **TAMPA FL 33614**
 CITY - ST - ZIP

TITLE **T** **FOLKS, WANDEZ M** ☐ Delete
 NAME **982 WEST BREVARD STREET, APT. E**
 STREET ADDRESS **TALLAHASSEE FL 32304**
 CITY - ST - ZIP

TITLE ☐ Delete
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SIGNATURE: *Evangelist Jerolene L. Thornton* 3-4-2005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #