


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90291 032 \*\*\*\*61.25

<b>DOCUMENT # N03000002038</b> 1. Entity Name <b>TRUE VINE APOSTOLIC FAITH HOLINESS CHURCH, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country <i>Hernando</i>	Zip	Country <i>Hernando</i>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>Evangelist</b> THORNTON, JEROLENE L 2270 CHAMPLAIN AVENUE SPRING HILL, FL 34609-5139			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Evangelist</i> THORNTON, JEROLENE L		NAME		
STREET ADDRESS	2270 CHAMPLAIN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 346095139		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARFITT, WANDA F		NAME	<i>P.O. Box 5142</i>	
STREET ADDRESS	P.O. BOX 340117		STREET ADDRESS	<i>Springhill, FL 34611</i>	
CITY-ST-ZIP	TAMPA, FL 33694		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFERSON, KIMBERLY L		NAME	<i>1217 Fountain Square Plaza</i>	
STREET ADDRESS	717 EAST ROBSON		STREET ADDRESS	<i>Tampa, FL 33612</i>	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLKS, WANDEZ M		NAME	<i>3811 Landings Way Drive</i>	
STREET ADDRESS	982 WEST BREVARD STREET, APT. E		STREET ADDRESS	<i>Apt 104 Tampa, FL 33624</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		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 exemptions contained 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 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>			Date: <i>4-26-2006</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		