


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 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
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DO NOT WRITE IN THIS SPACE



07132007 No Chg-NP CR2E037 (4/06)

4. PE# Number 32-0080728	Applied For <input type="checkbox"/> Not Applicable
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	DO NOT WRITE IN THIS SPACE
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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 <i>Evangelist Jerolene L. Thornton</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 7/16/2007

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000770218 07/24/07-80007-003 \$1.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE THORNTON, JEROLENE L 2270 CHAMPLAIN AVENUE SPRING HILL, FL 346095139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARFITT, WANDA F PO BOX 5142 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEFFERSON, KIMBERLY L 1217 FOUNTAIN SQ PLAZA TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOLKS, WANDEZ M 3811 LANDINGS WAY DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 7-16-2007 DAYTIME PHONE # 352-488-3759