


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT# N03000002038</b> 1. Entity Name <b>TRUE VINE APOSTOLIC FAITH HOLINESS CHURCH, INC.</b>	
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Principal Place of Business <b>P. O. BOX 15364 BROOKSVILLE, FL 34604-0017</b>	Mailing Address <b>P. O. BOX 15364 BROOKSVILLE, FL 34604-0017</b>
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02252008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0080728</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**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**

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 *Evangelist Jerolene L. Thornton*  
Signature, typed or printed name of registered agent and title if applicable

*4-14-2008*  
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000901247  
04/29/08-80061-007 61.25

**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	

**DO NOT WRITE  
IN THIS SPACE**

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: *Evangelist Jerolene L. Thornton* *4-14-08* *352-6883759*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #