2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N03000002038

Entity Name: TRUE VINE APOSTOLIC FAITH HOLINESS CHURCH, INC.

Current Principal Place of Business:

P. O. BOX 15364
BROOKSVILLE, FL 346040017

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15364
BROOKSVILLE, FL 346040017

New Mailing Address:

FEI Number: 32-0080728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORNTON, JEROLENE L
2270 CHAMPLAIN AVENUE
SPRING HILL, FL 346095139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PE ( ) Delete
Name: THORNTON, JEROLENE L
Address: 2270 CHAMPLAIN AVENUE
City-St-Zip: SPRING HILL, FL 346095139

Title: V ( ) Delete
Name: PARFITT, WANDA F
Address: PO BOX 5142
City-St-Zip: SPRING HILL, FL 34611

Title: S ( ) Delete
Name: JEFFERSON, KIMBERLY L
Address: 1217 FOUNTAIN SQ PLAZA
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete
Name: FOLKS, WANDEZ M
Address: 3811 LANDINGS WAY DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROLENE L THORNTON PE 02/23/2009

Electronic Signature of Signing Officer or Director — Date