

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004485

FILED
Apr 26, 2004
Secretary of State

Entity Name: TRUE VINE WORSHIP CENTER, INC.

Current Principal Place of Business:

454 PLYMOUTH RD.
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

454 PLYMOUTH RD.
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 03-0517494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS, JUSTIN L
454 PLYMOUTH RD.
AUBURNDALE, FL 33823

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: PD () Delete
Name: DENNIS, JUSTIN L
Address: 454 PLYMOUTH RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: VD () Delete
Name: RITCHIE, MICHAEL
Address: 3010 DONOVAN DR., APT. 10
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Delete
Name: WHITE, CHARLIE E
Address: 449 PLYMOUTH RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: DST () Delete
Name: DENNIS, VICKIE
Address: 454 PLYMOUTH RD.
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WHITE, CHARLIE E
Address: 449 PLYMOUTH ROAD
City-St-Zip: AUBURNDALE, FL 33823

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 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 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: VICKIE DENNIS

DST

04/26/2004

Electronic Signature of Signing Officer or Director

Date