

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001961**

1. Entity Name  
**TRUE VINE CHARITIES OUTREACH, INC**



Principal Place of Business  
**3251 NW 15TH CT  
FT LAUDERDALE, FL 33311 US**

Mailing Address  
**3251 NW 15TH CT  
FT LAUDERDALE, FL 33311 US**



01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1980624**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROZIER, LUCINDA  
3251NW 15TH CT  
FT LAUDERDALE, FL 33311**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROZIER, LUCINDA
STREET ADDRESS	3251 NW 15TH CT
CITY- ST- ZIP	FT LAUDERDALE, FL 33311
TITLE	VP
NAME	ROZIER, PRINCE SR
STREET ADDRESS	3251 NW 15TH CT
CITY- ST- ZIP	FT LAUDERDALE, FL 33311
TITLE	T
NAME	ROZIER, PRINCE SR
STREET ADDRESS	3251 NW 15TH CT
CITY- ST- ZIP	FT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000382024  
01/11/06-80080-003 61.25

**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:**

*Lucinda Rozier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #