


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



04052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 34-1980624	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROZIER, LUCINDA 3251NW 15TH CT FT LAUDERDALE, FL 33311

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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>Lucinda Rozier</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>April 4, 2008</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000886000 04/18/08-80037-005 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROZIER, LUCINDA 3251 NW 15TH CT FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROZIER, PRINCE SR 3251 NW 15TH CT FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROZIER, PRINCE SR 3251 NW 15TH CT FT LAUDERDALE, FL 33311
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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.	
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SIGNATURE: <i>Lucinda Rozier</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>April 4, 2008</i>	DAYTIME PHONE: <i>954 7330180</i>
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