

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04369

1. Entity Name
TRUE VINE PENTECOSTAL HOLINESS CHURCH, INC.

Principal Place of Business Mailing Address
8381 N PALA FOX ST PENSACOLA FL 32534 US **7841 AMBERIDGE RD PENSACOLA FL 32534**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2298757** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOOKER, REV. HERMAN
8381 N PALAFOX ST
PENSACOLA FL 32534

7. Name and Address of New Registered Agent
 Name **Pastor Johnnie M. Russell**
 Street Address (P.O. Box Number is Not Acceptable) **1414 N. 52nd AVE AM. #B**
 City **Pensacola, FL** Zip Code **32504**

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.
 SIGNATURE *Bishop Herman Booker, Bishop Herman E. Booker* DATE *01-05-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOOKER, HERMAN	
STREET ADDRESS	7841 AMBERIDGE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOOKER, LUCIE S	
STREET ADDRESS	7841 AMBERIDGE RIO	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATE, SHIRLEY	
STREET ADDRESS	1608 LEPPY ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Bishop Herman Booker* DATE *01-05-02* *850-476-1636*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90003 008 ****75.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)