

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2007
Secretary of State**

DOCUMENT# N04369

Entity Name: TRUE VINE PENTECOSTAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

1416 NORTH T STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

7841 AMBERIDGE RD
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-2298757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSELL, JOHNNIE M PASTOR
1414 N 52ND AVE APT #B
PENSACOLA, FL 32507 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: PD () Delete
Name: BOOKER, HERMAN,
Address: 7841 AMBERIDGE ROAD
City-St-Zip: PENSACOLA, FL

Title: T () Delete
Name: BOOKER, LUCIE S
Address: 7841 AMBERIDGE RIO
City-St-Zip: PENSACOLA, FL 32534

Title: T () Delete
Name: RUSSELL, AURIEL
Address: 1414 N. 52TH AVE. APT B
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: MONTY, PATE
Address: 5655 N. 95TH AVE APT J-107
City-St-Zip: PENSACOLA, FL 32504

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: D (X) Change () Addition
Name: MONTY, PATE
Address: 5655 N. 9TH AVE APT J-107
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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: HERMAN E. BOOKER

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date