

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90106 023 \*\*\*\*75.00

**DOCUMENT # N04369**  
1. Entity Name  
**TRUE VINE PENTECOSTAL HOLINESS CHURCH, INC.**



Principal Place of Business: **8381 N PALA FOX ST, PENSACOLA FL 32534, US**  
Mailing Address: **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



CHECK HERE IF MAKING CHANGES

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: **RUSSELL, JOHNNIE M PASTOR, 1414 N 52ND AVE APT #B, PENSACOLA FL 32507**  
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

B. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BOOKER, HERMAN STREET ADDRESS: 7841 AMBERIDGE ROAD CITY-ST-ZIP: PENSACOLA FL	<input type="checkbox"/> Delete	TITLE: T NAME: Russell, Auriel STREET ADDRESS: 1414 N. 52nd Ave Apt. B CITY-ST-ZIP: PENSACOLA, FL. 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: BOOKER, LUCIE S STREET ADDRESS: 7841 AMBERIDGE RIO CITY-ST-ZIP: PENSACOLA FL 32534	<input type="checkbox"/> Delete	TITLE: D NAME: Pate, Monty STREET ADDRESS: 5655 N. 9th Ave Apt J-107 CITY-ST-ZIP: Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: PATE, SHIRLEY STREET ADDRESS: 1608 LEPPY ROAD CITY-ST-ZIP: PENSACOLA FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Herman E. Booker **SIGNATURE REQUIRED** Herman E. Booker 1-22-03 850-476-1630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)