2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009736

1. Entity Name
TRUEVINE INT'L MINISTRIES, INC.

FILED
07 MAR 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1949 PORTLAND AVE. TALLAHASSEE, FL 32303	1949 PORTLAND AVE. TALLAHASSEE, FL 32303

03212007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1567 B Jacks Dr.	1567 B Jacks Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL.	City & State: Tallahassee FL.
Zip: 32303 Country: Leon	Zip: 32303 Country: Leon

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUDSON, WILLIAM F 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	Name: Hudson, William F. Street Address (P.O. Box Number is Not Acceptable): 1567 B Jacks Dr. City: Tallahassee FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PF HUDSON, WILLIAM F 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	☐ Delete	Director Alton Shaffer 22 Grant Rd. Havana, FL. 32333	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCF HUDSON, QUARALEND 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	☐ Delete	PF Hudson, William F. 1567B Jacks Dr. Tallahassee FL. 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STALLWORTH, TRACEY 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	☒ Delete	VCF Hudson, Quaralend R. 1567 B Jacks Dr. Tallahassee, FL. 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRUMP, CHARLENE 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	☐ Delete	S Charlene Crump 8333 Lesley St Tallahassee, FL 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D. Nora Gavin 219 marie Circle Crawfordville, Fla 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200095012192 04/06/07--01052--002 **70.00	☐ Change ☐ Addition

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: _____ 3/30/07 850-385-1087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #