

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009736

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



Principal Place of Business  
1567-B JACKS DR.  
TALLAHASSEE, FL 32303

Mailing Address  
1567-B JACKS DR.  
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008

Chg-NP

CR2E037 (12/06)

4. FFI Number

11-3789892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, WILLIAM F  
1567-B JACKS DR.  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE	PF	<input type="checkbox"/> Delete
NAME	HUDSON, WILLIAM F	
STREET ADDRESS	1567-B JACKS DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	VCF	<input type="checkbox"/> Delete
NAME	HUDSON, QUARALEND	
STREET ADDRESS	1567-B JACKS DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, ALTON	
STREET ADDRESS	82 GRANT RD.	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRUMP, CHARLENE	
STREET ADDRESS	1949 PORTLAND AVE.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GAVIN, NORA	
STREET ADDRESS	219 MARIE CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400126977324

04/30/08--01004--006 \*\*

6.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

850-363-6199

Daytime Phone #

FILED

2008 APR 29 AM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

