

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001325

FILED  
Jan 31, 2011  
Secretary of State

**Entity Name:** TRUE VINE TRUE LOVE MINISTRIES INC.

**Current Principal Place of Business:**

6808 E IDA ST  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6808 E IDA ST  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 86-1099532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, WILLIE L JR  
6808 E IDA ST  
TAMPA, FL 33610 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:** DP  
**Name:** MORRIS, WILLIE L JR  
**Address:** 6808 E IDA ST  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DV  
**Name:** MORRIS, JULIA  
**Address:** 6808 E IDA ST  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DST  
**Name:** MORRIS, WILLIE L III  
**Address:** 6808 E IDA ST  
**City-St-Zip:** TAMPA, FL 33610

**Title:** SDT  
**Name:** MORRIS, ANDRE  
**Address:** 6808 E IDA ST  
**City-St-Zip:** TAMPA, FL 33610

I hereby 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 all other like empowered.

**SIGNATURE:** JULIA MORRIS

DV

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date