

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008414

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE TRUE VINE COMMUNITY ORGANIZATION INC.

Current Principal Place of Business:

261 LYNN STREET
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

261 LYNN STREET
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 56-2644837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, SHARON
261 LYNN STREET
OVIEDO, FL 32765 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: P () Delete
Name: BAILEY, SHARON
Address: 261 LYNN ST.
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: BAILEY, BOBBY
Address: 261 LYNN ST.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON BAILEY

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date