

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008414

**FILED**  
**Apr 29, 2011**  
**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:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**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  
Name: BAILEY, SHARON  
Address: 261 LYNN ST.  
City-St-Zip: OVIEDO, FL 32765

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

Title: COO  
Name: VIRGO, STACEY  
Address: 1007 TODHOPE CT  
City-St-Zip: SANFORD, FL 32773

Title: MO  
Name: BAILEY, NATHALYA  
Address: 261 LYNN STREET  
City-St-Zip: OVIEDO, FL 32765

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: SHARON BAILEY

P

04/29/2011

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

\_\_\_\_\_  
Date