

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N45150

1. Entity Name
TRUE VINE CHRISTIAN CENTER, INC.



Principal Place of Business
5945 W. HALLANDALE BEACH BLVD
WEST HOLLYWOOD, FL 33023

Mailing Address
5945 W. HALLANDALE BEACH BLVD
WEST HOLLYWOOD, FL 33023



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0638570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, ELDER HENRY L.
5945 W. HALLANDALE BCH.
W. HOLLYWOOD, FL 33023

**DO NOT WRITE
IN THIS SPACE**

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. *N/A*

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DANIELS, HENRY L.
STREET ADDRESS	5945 W. HALLANDALE BCH. BLVD.
CITY - ST - ZIP	W. HOLLYWOOD, FL 33023
TITLE	VPD
NAME	DANIELS, LYDIA
STREET ADDRESS	5945 W. HALLANDALE BCH. BLVD.
CITY - ST - ZIP	W. HOLLYWOOD, FL 33023
TITLE	T
NAME	MALLORY, RICHARD
STREET ADDRESS	4721 N.W. 16TH ST.
CITY - ST - ZIP	LAUDERHILL, FL 33313
TITLE	S
NAME	PICKETT, SABRINA D
STREET ADDRESS	5945 W. HALLANDALE BCH. BLVD.
CITY - ST - ZIP	W. HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000395751
01/27/06-80005-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lydia Daniels* Lydia Daniels

1-19-06

(954) 966-0389

Date

Daytime Phone #