

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45150

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: TRUE VINE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

5945 W. HALLANDALE BEACH BLVD  
WEST HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

3311 COCHRAN HIGHWAY  
EASTMAN, GA 31023

**New Mailing Address:**

FEI Number: 65-0638570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DANIELS, ELDER HENRY L.  
5733 WILEY ST.  
HOLLYWOOD, FL 33023      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: CPD      ( ) Delete  
Name: DANIELS, HENRY L.  
Address: 3311 COCHRAN HWY  
City-St-Zip: EASTMAN, GA 31023

Title: VPD      ( ) Delete  
Name: DANIELS, LYDIA  
Address: 3311 COCHRAN HWY  
City-St-Zip: EASTMAN, GA 31023

Title: T      ( ) Delete  
Name: MALLORY, RICHARD  
Address: 117 WOODLAKES DR.  
City-St-Zip: EASTMAN, GA 31023

Title: S      ( ) Delete  
Name: WILLIAMS, SABRINA D  
Address: 3921 FOXRUN DR.  
City-St-Zip: FT. WORTH, TX 76123

Title: P      ( ) Delete  
Name: PRINCE WASHINGTON, JR.  
Address: 5733 WILEY ST.  
City-St-Zip: HOLLYWOOD, FL 33023

Title: AS      ( ) Delete  
Name: GLORIA WASHINGTON  
Address: 5733 WILEY ST.  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: HENRY L. DANIELS

CPD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date