

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45150

FILED
Feb 22, 2011
Secretary of State

Entity Name: TRUE VINE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

230 DUSKIN DR.
COCHRAN, GA 33023

New Principal Place of Business:

230 DUSKIN DR.
COCHRAN, GA 31023

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 (X)

Name and Address of Current Registered Agent:

DANIELS, ELDER HENRY L.
100800 OVERSEAS HWY. #3
KEY LARGO, FL 33037 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
Name: DANIELS, HENRY L.
Address: 3311 COCHRAN HWY
City-St-Zip: EASTMAN, GA 31023

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

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

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

Title: AS
Name: DANIELS, RACQUEL L
Address: 100800 OVERSEES HWY #3
City-St-Zip: KEY LARGO, FL 33037

Title: AT
Name: MALLORY, IVA W
Address: 117 WOODLAKES DR.
City-St-Zip: EASTMAN, GA 33023

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: LYDIA DANIELS

VPD

02/22/2011

Electronic Signature of Signing Officer or Director

Date