

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2006  
Secretary of State**

DOCUMENT# N93000002240

Entity Name: "THE TRUE VINE CHURCH" OF HENDRY COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

2100 10TH STREET  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1046  
CLEWISTON, FL 33440

**New Mailing Address:**

FEI Number: 65-0421754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GAMBLE, FRED  
1107 VIRGINIA AVENUE  
CLEWISTON, FL 33440      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: PD      ( ) Delete  
Name: GAMBLE, FRED  
Address: 1107 VIRGINIA AVE  
City-St-Zip: CLEWISTON, FL

Title: VD      ( ) Delete  
Name: GAMBLE, PATRICIA  
Address: 1107 VIRGINIA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: SD      ( ) Delete  
Name: RAWLS, ROSEZITA  
Address: POST OFFICE BOX 2001  
City-St-Zip: CLEWISTON, FL 33440

Title: TD      ( ) Delete  
Name: JAMES, ANNIE  
Address: 2409 9TH COURT  
City-St-Zip: CLEWISTON, FL 33440

Title: SD      ( ) Delete  
Name: DUKES, ANTHONY  
Address: 921 FLORIDA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: TD      ( ) Delete  
Name: JACKSON, BOBBY  
Address: 1213 MISSISSIPPI AVE  
City-St-Zip: CLEWISTON, FL 33440

**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 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: FRED GAMBLE

PD

04/10/2006

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

\_\_\_\_\_  
Date