

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002240

FILED
Apr 14, 2009
Secretary of State

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: SD (X) Change () Addition
Name: GAMBLE, JAREEM T
Address: 480 NW 20TH ST.APT.301-B
City-St-Zip: BOCA RATON, FL 33431

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: PATRICIA A. GAMBLE

VD

04/14/2009

Electronic Signature of Signing Officer or Director

Date