
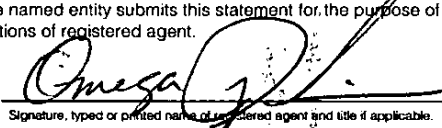


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90149 027 \*\*\*\*70.00

<b>DOCUMENT # N94000002770</b> 1. Entity Name <b>TRUE VINE BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>1308 ROSE BLVD., STE. A ORLANDO, FL</b>			Mailing Address <b>1855 RAVENALL AVE. ORLANDO, FL 32811</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <del>TURMAN, ANDREW</del>  <del>4900 BALBOA DRIVE</del>  <del>ORLANDO, FL 32808</del> </div> <div style="width: 45%;"> <b>Rev. Omega Q. Jenkins</b>  <b>2104-D West Oakridge Road</b>  <b>Orlando, FL 32809</b> </div> </div>					
7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Name            Street Address (P.O. Box Number is Not Acceptable)            City         </div> <div style="width: 45%;">           FL Zip Code         </div> </div>					
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;">           DATE <b>4/26/05</b> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	D	<input type="checkbox"/> Delete	TITLE	Financial Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TURMAN, ANDREW		NAME	Armita Hawkins-Brown	
STREET ADDRESS	4900 BALBOA DR.		STREET ADDRESS	1855 Ravenall Ave	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	Orlando, FL 32811	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Deacon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, EMMITT		NAME	James Turman	
STREET ADDRESS	4453 CEPEDA ST.		STREET ADDRESS	3119 Ocoola Ave	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SLONES, ELONZA		NAME	Sheleen Burgess	
STREET ADDRESS	631 WILLIE MAYS PKWY.		STREET ADDRESS	5404 Eugenia Court, Orlando, FL 32811	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENMARK, WILLIE		NAME		
STREET ADDRESS	4414 CEPEDA ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, IDA P		NAME		
STREET ADDRESS	2631 SHINOOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL		CITY-ST-ZIP		
TITLE	Deacon	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROHN, STANLEY		NAME		
STREET ADDRESS	2897 BARRIOS AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328211		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.