

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002770

FILED
Apr 02, 2009
Secretary of State

Entity Name: TRUE VINE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1711 ROSE BLVD.
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 616434
ORLANDO, FL 32861 US

New Mailing Address:

FEI Number: 59-3759229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENKINS, OMEGA
1711 ROSE BLVD
ORLANDO, FL 32839 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: D () Delete
Name: TURMAN, ANDREW
Address: 4900 BALBOA DR.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BROWN, EMMITT
Address: 4453 CEPEDA ST.
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: SLONES, ELONZA
Address: 631 WILLIE MAYS PKWY.
City-St-Zip: ORLANDO, FL 32811

Title: FS () Delete
Name: HAWKINS-BROWN, ARMITA
Address: 1855 RAVENALL AVE
City-St-Zip: ORLANDO, FL 32811

Title: DEAC () Delete
Name: TURMAN, JAMES
Address: 3119 OCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: DEAC () Delete
Name: ROHN, STANLEY
Address: 2897 BARRIOS AVE
City-St-Zip: ORLANDO, FL 328211

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: FS (X) Change () Addition
Name: HAWKINS, ARMITA
Address: 1855 RAVENALL AVE
City-St-Zip: ORLANDO, FL 32811

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: ARMITA HAWKINS

FS

04/02/2009

Electronic Signature of Signing Officer or Director

Date