2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N95000005296

Entity Name: TRUE VINE MINISTRIES, INC.

Current Principal Place of Business:

936 NELSON ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

936 NELSON ST
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3346488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BYRD, JAMES G
7410 BUCKSKIN TRL S
JACKSONVILLE, FL 32277 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: BYRD, JAMES G SR
Address: 7410 BUCKSKIN TER. S.
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD ( ) Delete
Name: BYRD, JAMES P
Address: 4267 RICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: BYRD, SITERIA
Address: 7410 BUCKSKIN TRL S
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD ( ) Delete
Name: BYRD, MARY
Address: 4267 RICKER RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: LOVINGS, RONNELL
Address: 6128 REGIMENT DR
City-St-Zip: JACKSONVILLE, FL 32277

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:

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: JAMES G. BYRD SR. PRES 05/01/2006

Electronic Signature of Signing Officer or Director — Date