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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002279

1. Corporation Name

**TRUE-VINE CHURCH OF GOD IN CHRIST CHRISTIAN CENT
ER, INC.**

Principal Place of Business

1530 44TH STREET
WEST PALM BEACH FL 33407

Mailing Address

1530 44TH STREET
WEST PALM BEACH FL 33407



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **SAME**

26 Suite, Apt. #, etc. **SAME**

22 City & State **PS ABUE**

27 City & State **PSA BOVER**

23 Zip

Country

28 Zip

Country

24

25

29

30 **PALM BEACH**

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

65-0683111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MONTGOMERY, W C
1530 44TH STREET
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MONTGOMERY, W C**

STREET ADDRESS **1530 44TH STREET**

CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ DELETE

NAME **MONTGOMERY, GEORGE**

STREET ADDRESS **1300 AVENUE E**

CITY-ST-ZIP **RIVIERA BEACH FL 33407**

TITLE **D** ☐ DELETE

NAME **PURCHAS, MONTROSE**

STREET ADDRESS **1537 44TH STREET**

CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ DELETE

NAME **PURCHAS, JEANIE**

STREET ADDRESS **1537 44TH STREET**

CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 561-802-9057
Date Daytime Phone #

CR2E037 (1/98)