

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002279

1. Entity Name

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

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90163 041 ****66.25

0010276

Principal Place of Business

1530 44TH STREET
WEST PALM BEACH FL 33407

Mailing Address

1530 44TH STREET
WEST PALM BEACH FL 33407

B0133809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1530-44TH ST
Suite, Apt. #, etc.

3. Mailing Address

1530-44TH ST
Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0683111

Applied For

Not Applicable

Zip

Country

33407

PAIM BCH

Zip

Country

33407

PAIM BCH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME D
STREET ADDRESS MONTGOMERY, W C
CITY-ST-ZIP 1530 44TH STREET
WEST PALM BEACH FL 33407

TITLE ☐ Delete

NAME D
STREET ADDRESS MONTGOMERY, GEORGE
CITY-ST-ZIP 1300 AVENUE E
RIVIERA BEACH FL 33407

TITLE ☐ Delete

NAME D
STREET ADDRESS PURCHAS, MONTROSE
CITY-ST-ZIP 1537 44TH STREET
WEST PALM BEACH FL 33407

TITLE ☐ Delete

NAME D
STREET ADDRESS PURCHAS, JEANIE
CITY-ST-ZIP 1537 44TH STREET
WEST PALM BEACH FL 33407

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

WILBERT C. MONTGOMERY

8.7.02 561-842-9067

CR20037 (4/02)