

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000002279**

1. Entity Name

TRUE-VINE CHURCH OF GOD IN CHRIST CHRISTIAN CENT

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**W. V. CHURCH, Bch, FLA
Zip P.B. 33407**

City & State

**WEST PALM Bch, FLA
Zip 33407 PAIM Bch**

4. FEI Number

65-0683111

Applied For

Not Applicable

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.

SIGNATURE

W. L. BERT C. MONTGOMERY C.E.O.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, 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 **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **700077951347**
CITY-ST-ZIP **07/25/06--01037--006 **61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

W. L. BERT C. MONTGOMERY

7/10/06

FILED

06 JUL 17 2:10:08

STATE OF FLORIDA



DO NOT WRITE IN THIS SPACE

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