

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State

06-22-2007 90001 031 ****75.00

DOCUMENT # N96000002279	
1. Entity Name TRUE-VINE CHURCH OF GOD IN CHRIST CHRISTIAN CENTER, INC.	

Principal Place of Business 735 AVENUE J RIVIERA BEACH FL	Mailing Address 1530 44TH STREET WEST PALM BEACH FL 33407
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

66020133

2nd MOORE CR2E037 (4/07)

4. FEI Number 65-0683111	Applied For ☐ Not Applicable
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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	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Wilbert C. Montgomery 6/18/07
Signature (Type or print name of registered agent, and file of document) (NOTE: Registered Agent signature required when changing agent) DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution ☒ \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, W C 1530 44TH STREET WEST PALM BEACH FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, GEORGE 1300 AVENUE E RIVIERA BEACH FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCHAS, MONTROSE 1537 44TH STREET WEST PALM BEACH FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCHAS, JEANIE 1537 44TH STREET WEST PALM BEACH FL 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wilbert C. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone: _____