

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002279

FILED
Apr 25, 2009
Secretary of State

Entity Name: TRUE-VINE CHURCH OF GOD IN CHRIST CHRISTIAN CENTER, INC.

Current Principal Place of Business:

735 AVENUE J
RIVIERA BEACH, FL

New Principal Place of Business:

735 AVENUE J
RIVIERA BEACH, FL 33407

Current Mailing Address:

1530 44TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

735 AVENUE J
RIVIERA BEACH, FL 33407

FEI Number: 65-0683111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTGOMERY, W C
1530 44TH STREET
WEST PALM BEACH, FL 33407 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: D () Delete
Name: MONTGOMERY, W C
Address: 1530 44TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: MONTGOMERY, GEORGE
Address: 1300 AVENUE E
City-St-Zip: RIVIERA BEACH, FL 33407

Title: D () Delete
Name: PURCHAS, MONTROSE
Address: 1537 44TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: PURCHAS, JEANIE
Address: 1537 44TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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:

I hereby certify that the information supplied with this filing does not qualify 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: WILBERT C. MONTGOMERY

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date