

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90009 024 *****66.25

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1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0683111**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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)

4, 26, 03

FILE NOW: FEE IS \$61.25

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

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 **RIEIRA 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
CITY-ST-ZIP

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4, 26, 03

842-9057

CR2E037 (10/02)