

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002924 (6)**

1. Corporation Name

TRUE VINE OUTREACH MINISTRY, INC.



Principal Place of Business 422 N. ST CLAIR STREET STARKE FL 32091	Mailing Address 422 N. ST CLAIR STREET STARKE FL 32091
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3. Date Incorporated or Qualified
06/04/1996

4. FEI Number 59-3203185	Applied For ☐ Yes ☒ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 1255 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CHANDLER, ROSS
THE VINEYARD WORSHIP CENTER
422 NORTH SAINT CLAIR STREET
STARKE FL 32091**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, PASTER ROSS	1.2 NAME	
STREET ADDRESS	787 NAZWORTHY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANKERSON, YOLANDA	2.2 NAME	
STREET ADDRESS	1116 LARRY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, MARY	3.2 NAME	
STREET ADDRESS	14243 SE 46TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Paster Ross Chandler** PASTOR/DIRECTOR 05-07-98 (904) 964-9264

CR2E037 (10/97)