

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002924

1. Entity Name

TRUE VINE OUTREACH MINISTRY, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90009 022 ****61.25

Principal Place of Business

422 N. ST CLAIR STREET
STARKE FL 32091

Mailing Address

P O BOX 1255
STARKE FL 32091
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3203185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDLER, PASTER ROSS 787 NAZWORTHY CIRCLE STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANKERSON, YOLANDA 1116 LARRY STREET STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHANDLER, LINDA D 5566 NW 177TH STREET STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastor Ross Chandler

02/28/02 904-964-7122

Date

Daytime Phone #

CR2E037 (9/01)