

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90007 005 ****61.25

DOCUMENT # N96000002924

1. Entity Name
TRUE VINE OUTREACH MINISTRY, INC.



Principal Place of Business

**422 N. ST CLAIR STREET
STARKE, FL 32091**

Mailing Address

**P O BOX 1255
STARKE, FL 32091 US**

40015097



DO NOT WRITE IN THIS SPACE

01282005 No Chg-NP

CR2E037 (10/03)

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**

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IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHANDLER, PASTER ROSS
STREET ADDRESS 787 NAZWORTHY CIRCLE
CITY-ST-ZIP STARKE, FL 32091

TITLE SD
NAME HANKERSON, YOLANDA
STREET ADDRESS 1116 LARRY STREET
CITY-ST-ZIP STARKE, FL 32091

TITLE TD
NAME CHANDLER, LINDA D
STREET ADDRESS 5566 NW 177TH STREET
CITY-ST-ZIP STARKE, FL 32091

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Ross Chandler 2-1-05 904-964-9264