


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N96000002924</b>                             |  |
| 1. Entity Name<br><b>TRUE VINE OUTREACH MINISTRY, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>422 N. ST CLAIR STREET<br/>STARKE, FL 32091</b> | Mailing Address<br><b>P O BOX 1255<br/>STARKE, FL 32091 US</b> |
|---|--|

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01242008 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3203185</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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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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: *Ross Chandler* Ross Chandler 2/4/08  
Signature, typed or printed name of registered agent, or both, if applicable. (Typed name required when reinstating)

|   |  |                                 |
|---|--|---------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>02/19/09-80018-007 61.25</b> |
|---|--|---------------------------------|

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ross Chandler* Ross Chandler 2/4/08 (904)964-9264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #