

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000002924

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** TRUE VINE OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

422 N. ST CLAIR STREET  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1255  
STARKE, FL 32091 US

**New Mailing Address:**

**FEI Number:** 59-3203185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:** ROSS CHANDLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CHANDLER, PASTER ROSS  
**Address:** 16165 N.E. 27TH PLACE  
**City-St-Zip:** STARKE, FL 32091

**Title:** SD  
**Name:** HANKERSON, YOLANDA  
**Address:** 1116 LARRY STREET  
**City-St-Zip:** STARKE, FL 32091

**Title:** TD  
**Name:** CHANDLER, LINDA D  
**Address:** 5566 NW 177TH STREET  
**City-St-Zip:** STARKE, FL 32091

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROSS CHANDLER

PD

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date