2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006390

1. Entity Name
TRUEVINE TEMPLE MINISTRIES INC.

Principal Place of Business	Mailing Address
855 W GEORGE ENGRAM BLVD DAYTONA BEACH, FL 32114	855 W GEORGE ENGRAM BLVD DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

06012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3442691

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, T L
752 DERBYSHIRE ROAD
DAYTONA BEACH, FL 32114

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 5, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACKSON, T L
STREET ADDRESS	752 DERBYSHIRE RD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	S
NAME	JORDAN MINNIE,
STREET ADDRESS	855 CYPRESS STREET
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	O'NEAL, ODIE
STREET ADDRESS	203 DESOTO ST.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	BOLDEN, WILLIAM
STREET ADDRESS	855 CYPRESS ST.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: T. L. Jackson 8-15-04 (386)253-1995
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #