

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90309 002 ****61.25
04-05-2007 90309 003 ****61.25

66008157



03272007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

ELLIS, LAURA
1200 BEVILLE ROAD
APT. 122
DAYTONA BEACH, FL 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLIS, LAURA	
STREET ADDRESS	1200 BEVILLE ROAD APT. 122	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, GERALDINE	
STREET ADDRESS	855 CYPRESS STREET	
CITY - ST - ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, ODIE	
STREET ADDRESS	203 DESOTO ST.	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLDEN, WILLIAM	
STREET ADDRESS	855 CYPRESS ST.	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Laura Ellis / Laura Ellis 4/2/07 386-316-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

~~66008157~~
~~#X96000006390~~

Two Certificate
of Status Desired.

1. Truevine Free Will
Baptist Church, Inc
\$ 8.75

2. Truevine Temple
Ministries Inc
\$ 8.75