


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006390	
1. Entity Name TRUEVINE TEMPLE MINISTRIES INC.	

Principal Place of Business 855 W GEORGE ENGRAM BLVD DAYTONA BEACH, FL 32114	Mailing Address 855 W GEORGE ENGRAM BLVD DAYTONA BEACH, FL 32114
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04022008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3442691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELLIS, LAURA
1200 BEVILLE ROAD
APT. 122
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 _____ 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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000898438 04/25/08-80086-024 70.00
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME ELLIS, LAURA
STREET ADDRESS 1200 BEVILLE ROAD APT. 122	CITY-ST-ZIP DAYTONA BEACH, FL 32114
TITLE S	NAME JACKSON, GERALDINE
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 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 **4/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #