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**Apr 22, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000002350**

1. Corporation Name  
**TRUE VINE PENTECOSTAL, INC.**

Principal Place of Business  
**TRUE VINE PENTECOSTAL INC**  
**11610 NW 7TH AVE**  
**MIAMI FL 33168**  
**US**

Mailing Address  
**TRUE VINE PENTECOSTAL INC**  
**11610 NW 7TH AVE**  
**MIAMI FL 33168**  
**US**



2. Principal Place of Business

21 **3234 N.W. 181 ST.**

Suite, Apt. #, etc.

22 **CAROL CITY, FL.**

23 **CAROL CITY, FL.**

24 **33056**

Country

25 **DADE**

2a. Mailing Address

26 **3234 N.W. 181 ST.**

Suite, Apt. #, etc.

27 **CAROL CITY, FL.**

28 **CAROL CITY, FL.**

29 **33056**

Country

30 **DADE**

3. Date Incorporated or Qualified

**04/28/1997**

4. FEI Number

**65-0750728**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**BROWDY, JOHNNY III**  
**1444 BISCAYNE BLVD.**  
**SUITE 220**  
**MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SMITH, CLIFFORD L**  
 STREET ADDRESS **3234 N.W. 181ST ST**  
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **VD** ☐ DELETE

NAME **SMITH, BESSIE M**  
 STREET ADDRESS **3234 N.W. 181ST ST**  
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **VD** ☒ DELETE

NAME **DAVIS, FREEMAN**  
 STREET ADDRESS **13700 NW 24TH AVE 15**  
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **STD** ☒ DELETE

NAME **BROWN, ARMELA**  
 STREET ADDRESS **15770 NW 18TH PL**  
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **TD** ☒ DELETE

NAME **LATIMORE, LILLIE R**  
 STREET ADDRESS **18210 NW 52ND AVE**  
 CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VD**

**ANGELA GRIMSLEY**  
**3333 N.W. 181 ST.**  
**CAROL CITY FL 33056**

**STD**

**JOANNE SMITH**  
**3233 n.w. 181 ST.**  
**CAROL CITY FL 33056**

**TD**

**TWILA MCDONALD**  
**3500 N.W. 179 ST.**  
**MIAMI FL 33056**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/99** **305-620-4371**  
 Date Daytime Phone #

CR2E037 (11/98)