

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90311 013 \*\*\*\*61.25

**DOCUMENT # N97000002350**

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



Principal Place of Business  
3234 N.W. 181ST STREET  
CAROL CITY, FL 33056 US

Mailing Address  
3234 N.W. 181ST STREET  
CAROL CITY, FL 33056 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0750728**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BROWDY, JOHNNY III**  
**950 NW 22ND AVE**  
**MIAMI, FL 33125**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SMITH, CLIFFORD L  
STREET ADDRESS 3234 N.W. 181ST ST  
CITY-ST-ZIP MIAMI, FL 33055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SMITH, BESSIE M  
STREET ADDRESS 3234 N.W. 181ST ST  
CITY-ST-ZIP MIAMI, FL 33055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SMITH, CLIFFORD JR.  
STREET ADDRESS 3233 NW 181 STREET  
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME SMITH, JOANNE  
STREET ADDRESS 3233 N.W. 181ST STREET  
CITY-ST-ZIP CAROL CITY, FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME BROWN, ARMELA  
STREET ADDRESS 15770 NW 18TH PLACE  
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SMITH, ZARICK D  
STREET ADDRESS 3234 NW 181 STREET  
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE ☐ Change ☐ 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:**

*Clifford L Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 305-4016469  
Date Daytime Phone #