2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000002350

1. Entity Name

TRUE VINE PENTECOSTAL, INC.



Principal Place of Business Mailing Address

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

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90824 008 ****61.25

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03142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0750728

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above the obligat	named entity submits this statement filterions of registered agent.	or the purpose of changing its registere	ed office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Registered	d Agent signature	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CLIFFORD L 3234 N.W. 181ST ST MIAMI, FL 33055				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BESSIE M 3234 N.W. 181ST ST MIAMI, FL 33055				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CLIFFORD JR. 3233 NW 181 STREET OPA LOCKA, FL 33056		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, JOANNE 3233 N.W. 181ST STREET CAROL CITY, FL 33056		in this space		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ZARICK D 3234 NW 181 STREET OPA LOCKA, FL 33056				
TITLE 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 eport 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 directed 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.

CICALATUDE.