


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002350 1. Entity Name TRUE VINE PENTECOSTAL, INC.	
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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
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03312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0750728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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UD00000930383
05/21/08-80104-025 61.25

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:  4/20/08