

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002350

FILED
Apr 29, 2009
Secretary of State

Entity Name: TRUE VINE PENTECOSTAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0750728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, CLIFFORD L
Address: 3234 N.W. 181ST ST
City-St-Zip: MIAMI, FL 33055

Title: VD () Delete
Name: SMITH, BESSIE M
Address: 3234 N.W. 181ST ST
City-St-Zip: MIAMI, FL 33055

Title: VD () Delete
Name: SMITH, CLIFFORD JR.
Address: 3233 NW 181 STREET
City-St-Zip: OPA LOCKA, FL 33056

Title: STD () Delete
Name: SMITH, JOANNE
Address: 3233 N.W. 181ST STREET
City-St-Zip: CAROL CITY, FL 33056

Title: TD () Delete
Name: SMITH, ZARICK D
Address: 3234 NW 181 STREET
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD SMITH

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date