

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45150

**Entity Name:** TRUE VINE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

230 DUSKIN DR.  
COCHRAN, GA 31014

**Current Mailing Address:**

P.O.BOX 4124  
EASTMAN, GA 31023

**FEI Number: 65-0638570**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DANIELS, HENRY L.  
1340 SHELTER ROCK ROAD  
ORLANDO, FL 32835 US

*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

**Officer/Director Detail :**

Title CPD  
Name DANIELS, HENRY L.  
Address 59 PECAN LANE  
City-State-Zip: EASTMAN GA 31023

Title VPD  
Name DANIELS, LYDIA  
Address 59 PECAN LANE  
City-State-Zip: EASTMAN GA 31023

Title T  
Name MALLORY, RICHARD SR.  
Address 117 WOODLAKES DR.  
City-State-Zip: EASTMAN GA 31023

Title S  
Name WILLIAMS, SABRINA D  
Address 3921 FOXRUN DR.  
City-State-Zip: FT. WORTH TX 76123

Title AS  
Name DANIELS, RACQUEL L  
Address P.O. BOX 371393  
City-State-Zip: KEY LARGO FL 33037

Title AT  
Name MALLORY, IVA W  
Address 117 WOODLAKES DR.  
City-State-Zip: EASTMAN GA 33023

Title PASTOR  
Name DANIELS, HENRY LEWIS SR.  
Address 230 DUSKIN DR.  
City-State-Zip: COCHRAN GA 31014

*I hereby 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 all other like empowered.*

**SIGNATURE: LYDIA DANIELS**

**VPD**

**03/06/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date