

2022 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

FILED
Jan 30, 2022
Secretary of State
0284321080CC

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 252 BEXLEY LANE
City-State-Zip: DOUGLASVILLE GA 30134

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

Title AS
Name DANIELS, RACQUEL L
Address P.O. BOX 1435
City-State-Zip: WINDERMERE FL 34786

Title AT
Name MALLORY, IVA W
Address 252 BEXLEY LANE.
City-State-Zip: DOUGLASVILLE GA 30134

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

01/30/2022

Electronic Signature of Signing Officer/Director Detail

Date