

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004422

**Entity Name:** VINE TRAINING AND WORSHIP CENTER, INC.

**Current Principal Place of Business:**

11651 STONEHAVEN WAY  
PALM BEACH GARDENS, FL 33412

**Current Mailing Address:**

11651 STONEHAVEN WAY  
PALM BEACH GARDENS, FL 33412 US

**FEI Number:** 06-1355540

**Certificate of Status Desired:** No

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

NIKIRK, SUSAN  
11651 STONEHAVEN WAY  
PALM BEACH GARDENS, FL 33412 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            PRESIDENT, PASTOR, CHAIRMAN  
Name            NIKIRK, SUSAN REV.  
Address        11651 STONEHAVEN WAY  
City-State-Zip: PALM BEACH GARDENS FL 33412

Title            SECRETARY  
Name            LEE, THOMAS  
Address        12555 ORANGE DRIVE  
                  4025  
City-State-Zip: DAVIE FL 33330

Title            D  
Name            SEGAL, BARRY REV.  
Address        P.O. BOX 40080  
City-State-Zip: MEVASSERET ZION ISRAEL

Title            TREASURER, VP, PASTOR  
Name            NIKIRK, GERALD REV.  
Address        11651 STONEHAVEN WAY  
City-State-Zip: PALM BEACH GARDENS FL 33412

*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:** SUSAN NIKIRK

**PRESIDENT**

**01/28/2024**

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

\_\_\_\_\_  
Date