2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008380

FILED Jun 24, 2009 Secretary of State

Entity Name: PENTECOSTAL CHURCH ARBOL DE VIDA, INC.

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
6 MARNE DALEVILL	TTE DR. .E, AL 36322			
Current Mailing Address:		New Mailing A	New Mailing Address:	
146 MART OZARK, A				
	nce with s. 607.193(2)(b), F.S., the corporation did not re	•		
Name and	d Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
4408 CÓC	SARAH REV. DLEMERALD DR. SSEE, FL 32303 US			
	e named entity submits this statement for the purple of Florida.	oose of changing its reg	gistered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
OFFICER	S AND DIRECTORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip:	P () Delete MATIAS, SARAH REV. 6 MARNETTE DR. DALEVILLE, AL	ADDITIONS/CF Title: Name: Address: City-St-Zip:	IANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	P () Delete MATIAS, SARAH REV. 6 MARNETTE DR.	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	P () Delete MATIAS, SARAH REV. 6 MARNETTE DR. DALEVILLE, AL VP () Delete BALBOA, ANTONIO 2155 CHATHAM	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	P () Delete MATIAS, SARAH REV. 6 MARNETTE DR. DALEVILLE, AL VP () Delete BALBOA, ANTONIO 2155 CHATHAM SILER CITY, NC 27344 GS () Delete HINES, AIDA 1008 BLAIRFIELD DR.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: REV SARAH MATIAS P 06/24/2009