

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 014 ****61.25

DOCUMENT # N07000011505	
1. Entity Name TREE OF LIFE MINISTRIES, INCORPORATED	

Principal Place of Business 1160 E HARRISON STREET OVIEDO, FL 32765	Mailing Address PO BOX 621688 OVIEDO, FL 32762-1688
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2. Principal Place of Business - No P.O. Box # Joan Walker, Elementary School	3. Mailing Address 3101 Snow Hill RD
Suite, Apt. #, etc. PORTABLE #9	Suite, Apt. #, etc.
City & State Chuluota, FL	City & State
Zip 32766	Country USA

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04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 41-2258721	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OLIVER, MICHAEL RAY 1160 E HARRISON STREET OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael R. Oliver* DATE 4-28-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIVER, MICHAEL RAY 1160 E HARRISON STREET OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMMONS, JUANITA DENISE 983 OAK DRIVE OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TOMENGO, TRENT 1140 JACKSON STREET OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PETERSON, ALVINNESS W 1460 S. LAKE AVENUE APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael R. Oliver* DATE 4-28-08 DAYTIME PHONE # 407.739-9571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR