

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011505

FILED
May 01, 2009
Secretary of State

Entity Name: TREE OF LIFE MINISTRIES, INCORPORATED

Current Principal Place of Business:

1160 E. HARRISON ST
OVIEDO, FL 32756 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26188
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 41-2258721 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVER, MICHAEL RAY
1160 E HARRISON STREET
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLIVER, MICHAEL RAY
Address: 1160 E HARRISON STREET
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: SIMMS, JUANITA DENISE
Address: 983 OAK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: TOMENGO, TRENT
Address: 1140 JACKSON STREET
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: PETERSON, ALVINNESS W
Address: 1460 S. LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL RAY OLIVER

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date