

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2008
Secretary of State**

DOCUMENT# N48389

Entity Name: TREE OF LIFE CONGREGATION, INC.

Current Principal Place of Business:

4816 TAFT STREET
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

4816 TAFT STREET
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0412673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALAVSKY, MORTON
4816 TAFT ST
HOLLYWOOD, FL 33021 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: CD () Delete
Name: MALAVSKY, MORTON
Address: 4816 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD () Delete
Name: AZULAY, JUDD
Address: 35 EAST WACKER STREET
City-St-Zip: CHICAGO, IL

Title: SD () Delete
Name: BLUMENTHAL, FRED DR.
Address: 4729 JEFFERSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

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:

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: MORTON MALAVSKY

CD

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date