

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2000 8:00 am
Secretary of State

09-21-2000 90003 019 ****61.25

DOCUMENT # N99000002215

1. Entity Name

TREE OF LIFE CHURCH, INC.

f

Principal Place of Business

Mailing Address

741 N COMBEE RD
 LAKELAND FL 33801

741 N COMBEE RD
 LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3592721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, STEVE
 741 N COMBEE RD
 LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD**
ARNOLD, STEVE
 STREET ADDRESS **741 N COMBEE RD**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
DICOCCO, JENNIFER
 STREET ADDRESS **4610 PRAIRIE POINT BLVD**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE Change Addition
 NAME **Jennifer Wilkes**
 STREET ADDRESS **1429 E. Fern Road**
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE Delete
 NAME **STD**
ARNOLD, SHIRLEY
 STREET ADDRESS **741 N COMBEE RD**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/00

863-608-8787

Date

Daytime Phone #

CR2E037 (5/00)