

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91878 007 ****61.25

DOCUMENT # N99000002215

1. Entity Name

TREE OF LIFE CHURCH, INC.



Principal Place of Business

**741 N COMBEE RD
LAKELAND FL 33801**

Mailing Address

**741 N COMBEE RD
LAKELAND FL 33801**

2. Principal Place of Business

4315 S. Florida Ave

3. Mailing Address

4315 S Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number **59-3592721**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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)

4315 S Florida Ave

City

Lakeland

FL

Zip Code
33813

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNOLD, STEVE	
STREET ADDRESS	741 N COMBEE RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HALL, TRACI	
STREET ADDRESS	1923 CASCO STREET	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARNOLD, SHIRLEY	
STREET ADDRESS	741 N COMBEE RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCLARN, GAIL	
STREET ADDRESS	741 N COMBEE ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARMON, MYRON	
STREET ADDRESS	2121 BARCELONA WAY S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4315 S Florida Ave	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4315 S Florida Ave	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL MC LAIN	
STREET ADDRESS	4315 S Florida Ave	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gail McLain
GAIL MC LAIN

4/30/03

863-644-5433

CR2E037 (10/02)