

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721430

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: TREE OF LIFE CHURCH NAPLES, INC.

**Current Principal Place of Business:**

2132 SHADOWLAWN DRIVE  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

2132 SHADOWLAWN DRIVE  
NAPLES, FL 34112 US

**New Mailing Address:**

FEI Number: 59-1315066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DELONG, ANDREW  
583 ROMA COURT  
NAPLES, FL 34110 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: D ( ) Delete  
Name: KNESS, CORY  
Address: 3892 14TH ST N.  
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete  
Name: DELONG, ANDREW  
Address: 583 ROMA CT.  
City-St-Zip: NAPLES, FL

Title: ST (X) Delete  
Name: EHRMAN, JOHN  
Address: 6545 SABLE RIDGE LANE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: HOLLINGSWORTH, RICK  
Address: 2155 PINEWOODS CIR  
City-St-Zip: NAPLES, FL 34105 US

Title: ST (X) Change ( ) Addition  
Name: HOLLINGSWORTH, CINDY  
Address: 2155 PINEWOODS CIR  
City-St-Zip: NAPLES, FL 34105 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICK HOLLINGSWORTH

VP

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date