

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F68825

(1)

1. Corporation Name

TREE OF LIFE CHRISTIAN BOOKSHOP, INC.

Principal Place of Business

Mailing Address

8814-B N. PALAFOX
HOMEPAGE SQUARE
PENSACOLA FL 32534-3126
US

8814-B N. PALAFOX
HOMEPAGE SQUARE
PENSACOLA FL 32534-3126
US

95 MAY -1 PM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
02/26/1982	05/01/1994
4. FBI Number	Applied For
59-2204901	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORMAN, MALLORY
2 EAST NINE MILE RD
PENSACOLA, FL
32514

81 Name	DORMAN, MALLORY
82 Street Address (P.O. Box Number is Not Acceptable)	2 EAST NINE MILE RD
83	HOMEPAGE SQUARE
84 City	PENSACOLA
85 Zip Code	32534-3126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DORMAN, MALLORY	1.2 NAME	
STREET ADDRESS	2 E NINE MILE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DORMAN, DORIS FAYE	2.2 NAME	
STREET ADDRESS	2 E NINE MILE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DORMAN, SUSAN	3.2 NAME	
STREET ADDRESS	2 E. NINE MILE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	DORMAN, JULIE	4.2 NAME	
STREET ADDRESS	2 E NINE MILES RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mallory Dorman
MALLORY DORMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 904-478-3345

Date

Telephone Number