FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # F68825**

(1)

TREE OF LIFE CHRISTIAN BOOKSHOP, INC.

Principal Place of Business Mailing Address **8814-B N. PALAFOX** 8814-B N. PALAFOX HOMEPLACE SQUARE HOMEPLACE SQUARE PENSACOLA FL 32534-3126 PENSACOLA FL 32534-3029 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1982 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2204901 Not Applicable Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 28 Country 8. This corporation has liability for intengible tax under s. 199.032, 24 Florida Statutes Yes 🔲 No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DORMAN, MALLORY 8814-B NORTH PALAFOX 82 Street Address (P.O. Box Number is Not Acceptable) HOME PLACE SQUARE 83 PENSACOLA FL 32534 City Zip Code 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 hanging 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. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stip attact, typed or per had came of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1 1 TITLE 1:113 DORMAN, MALLORY NAME 1.2 NAME 2 E NINE MILE RD 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 00000 1.4 CITY - ST - ZIP CITY-ST ZIE DELETE Change Addition 2.1 TITLE TITLE DORMAN, DORIS FAYE 2.2 NAME NAM 2 E NINE MILE RD STEEL LADORESS 2.3 STREET ADDRESS PENSACOLA, FL 00000 2. 4 CITY - ST - ZIP CHY-ST ZIP DELETE Change Addition THE 3.1 TITLE DORMAN, SUSAN NAM 32 NAME 2 E. NINE MILE RD. 3.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 3.4. CITY-\$1-ZIP C 15 - S1 - 76° DELETE Addition 4.1 TITLE Tille DORMAN, JULIE NAME 4. 2 NAME 2 E MINE MILES RD STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA FL 4.4 City-ST-ZiP CHY-S1-7IP DELETE Change Addition 3016 5.1 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Change Addition THEF 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. To 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 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 Brook 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

4/10/97 904-478-3345

(96/6) (96/6)

FILED

May 16 1997 8:00am

Secretary of State