2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003
Secretary of State

DOCUMENT# N00000001578

Entity Name: TREE OF LIFE MINISTRIES AND CHURCHES, INC.

Current Principal Place of Business:

1905 DUNLAP STREET
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1905 DUNLAP STREET
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3628261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, THOMAS W
1905 DUNLAP STREET
PENSACOLA, FL 32507 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: JAMES, THOMAS W
Address: 1905 DUNLAP STREET
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: MCBANE, LISA S
Address: 531 ST. CLOUD STREET
City-St-Zip: STATESVILLE, NC 28625

Title: D ( ) Delete
Name: JAMES, PATRICIA M
Address: 1905 DUNLAP STREET
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: GRIMES, MILDRES A MRS.
Address: 3853 EMMA CANNON RD.
City-St-Zip: AYDEN, NC 28513

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS W. JAMES D 01/22/2003

Electronic Signature of Signing Officer or Director — Date