

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007394

FILED
Apr 24, 2006
Secretary of State

Entity Name: TREE OF LIFE MIDWIFERY SERVICE, INC.

Current Principal Place of Business:

1307 MERES BLVD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 846
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3681818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILDERBRANDT, CHRISTINE
1307 MERES BLVD
TARPON SPRINGS, FL 34689 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/M () Delete
Name: HILDERBRANDT, CHRISTINE
Address: 1307 MERES BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DP () Delete
Name: JOHN, JOSEPH REV
Address: 501 E. TARPON AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: FRANCIS, LINDA
Address: 1407 STONEHAVEN WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: HILDERBRANDT, TARA
Address: 1307 MERES BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: PITCHON, SOL M.A.
Address: 8001 66TH ST. N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D/T () Delete
Name: KIKTA, EVELYN
Address: 768 SEMINOLE BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

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: CHRISTINE HILDERBRANDT

D/M

04/24/2006

Electronic Signature of Signing Officer or Director

Date