

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90150 019 *****61.25

DOCUMENT # N00000007394

1. Entity Name

TREE OF LIFE MIDWIFERY SERVICE, INC.



Principal Place of Business

**1307 MERES BLVD
TARPON SPRINGS FL 34689**

Mailing Address

**P.O. BOX 846
TARPON SPRINGS FL 34688**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3681818**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILDERBRANDT, CHRISTINE
1307 MERES BLVD
TARPON SPRINGS FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/M** ☐ Delete
NAME **HILDERBRANDT, CHRISTINE**
STREET ADDRESS **1307 MERES BLVD.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Change ☒ Addition
NAME **Francis, Linda**
STREET ADDRESS **1407 Stonehaven Way**
CITY-ST-ZIP **Tarpon Spring, FL 34689**

TITLE **D/V** ☐ Delete
NAME **JOHN, JOSEPH REV**
STREET ADDRESS **501 E. TARPON AVE.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Change ☒ Addition
NAME **Hilderbrandt Tara**
STREET ADDRESS **1307 Meres Blvd**
CITY-ST-ZIP **Tarpon Spring, FL 34689**

TITLE **D/P** ☒ Delete
NAME **SHUMAN, M. WADE R.PH**
STREET ADDRESS **1252 PINECREST CIRCLE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **TEMPLEMAN, LOUISE M.D.**
STREET ADDRESS **2114 SEVEN SPRINGS BLVD.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PITCHON, SOL M.A.**
STREET ADDRESS **8001 66TH ST. N.**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/T** ☐ Delete
NAME **KIKTA, EVELYN**
STREET ADDRESS **768 SEMINOLE BLVD.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Hilderbrandt*

SIGNATURE REQUIRED

4-21-03

727-934-9277

CR2E037 (10/02)