

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000755

FILED
Feb 28, 2008
Secretary of State

Entity Name: TREE OF LIFE MINISTRIES OF DAYTONA BEACH, FLORIDA, INC.

Current Principal Place of Business:

135 BROOKSIDE DRIVE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

135 BROOKSIDE DRIVE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-3695664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORINI, FREDERICK D
135 BROOKSIDE DRIVE
PORT ORANGE, FL 32128 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: DPT () Delete
Name: GORINI, FREDERICK D
Address: 135 BROOKSIDE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: DV () Delete
Name: LLOYD, ARTHUR E
Address: 150 LAKESIDE DRIVE WEST
City-St-Zip: PORT ORANGE, FL 32128

Title: DS () Delete
Name: GORINI, CHRISTY
Address: 6109 ZION CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: LLOYD, ARTHUR E
Address: 2115 WEST SPRUCE CREEK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: DS (X) Change () Addition
Name: GORINI, CHRISTY A
Address: 6109 ZION CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Change (X) Addition
Name: GORINI, PHILOMENA
Address: 135 BROOKSIDE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Change (X) Addition
Name: MOHRMAN, KEREN E
Address: 792 SUGAR CANE LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Change (X) Addition
Name: GORINI, ROBERT E
Address: 740 JENNINGS AVENUE
City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information supplied with this filing does not qualify 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: FREDERICK D GORINI

DPT

02/28/2008

Electronic Signature of Signing Officer or Director

Date