2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N02000003465

Entity Name: TREE OF LIFE EPC-OUTREACH, INC.

Current Principal Place of Business:

417 N. 9TH ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2434
PALATKA, FL 32178

New Mailing Address:

FEI Number: 01-0680476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOODY, DOROTHY
604 E. WASHINGTON ST.
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

MOODY, DOROTHY J
604 E. WASHINGTON ST.
INTERLACHEN, FL 32148 US

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: DOROTHY JEAN MOODY 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOODY, DOROTHY
Address: 604 E. WASHINGTON ST.
City-St-Zip: INTERLACHEN, FL 32148

Title: V ( ) Delete
Name: FOSTER, AARON
Address: 414 N. 7TH ST.
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Delete
Name: DRAINS, ANNETTE
Address: 249 STILLWELL AVE.
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete
Name: THOMPSON, SYLVIA
Address: 2203 BRONSON ST.
City-St-Zip: PALATKA, FL 32177

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
Name:
Address:
City-St-Zip:

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: DOROTHY JEAN MOODY P 04/30/2008
Electronic Signature of Signing Officer or Director Date