

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006462

FILED
Aug 11, 2008
Secretary of State

Entity Name: THE TREE OF LIFE MINISTRIES OF ORLANDO, INC.

Current Principal Place of Business:

4942 CENTER LANE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4942 CENTER LANE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 02-0639496 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WASHINGTON, LOIS
4942 CENTER LANE
ORLANDO, FL 32808 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: PD () Delete
Name: WASHINGTON, LOIS
Address: 4942 CENTER LANE
City-St-Zip: ORLANDO, FL 32808

Title: VD () Delete
Name: WASHINGTON, WILLIE
Address: 4942 CENTER LANE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: HELLEGAR, A L. BISHOP
Address: 7121 LAUREL HILL DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: D () Delete
Name: MONROE, MARIA
Address: 5804 WESTBURY DRIVE
City-St-Zip: ORAND, FL 32808 US

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: LOIS WASHINGTON

PD

08/11/2008

Electronic Signature of Signing Officer or Director

Date