

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003983

1. Entity Name
TREE OF LIFE EVANGELISTIC MINISTRIES, INC.



Principal Place of Business

**3609 FAIRVIEW AVENUE
FT. MYERS, FL 33916**

Mailing Address

**3337 MICHIGAN AVENUE
FT MYERS, FL 33916**



08292007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCURRY, LULA M
3337 MICHIGAN AVENUE
FT. MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SCURRY, KENNETH K
3337 MICHIGAN AVE.
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
SCURRY, LULA M
3337 MICHIGAN AVE.
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
MOORE, SUSIE M
3337 MICHIGAN AVE.
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MCKINNON, CAROLYN P
3337 MICHIGAN AVE.
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
YOUNG, THOMAS
3337 MICHIGAN AVE.
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
JACKSON, WANDA L
3337 MICHIGAN AVE.
FT. MYERS, FL 33916**

U00000773586
09/07/07-80005-008 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/07 (239) 245-2337
Date Daytime Phone #