

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90048 050 \*\*\*\*75.00

**DOCUMENT # N03000005640**

1. Entity Name

**THE TREE OF LIFE CHRISTIAN CENTER OF FT.  
LAUDERDALE INC.**



Principal Place of Business

**721 NW 27TH AVE  
FORT LAUDERDALE FL 33311**

Mailing Address

**1516 NW 11 AVE  
FORT LAUDERDALE FL 33311**

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  
**45-0518585**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**BELL, EASTER G  
1516 NW 11 AVE  
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

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  
Due By May 1, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	NELOMS, OTIS SR - Pastor	
STREET ADDRESS	721 NW 27TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELL, SAMUEL L - Elder	
STREET ADDRESS	721 NW 27TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, EASTER G	
STREET ADDRESS	721 NW 27TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	NELOMS, ALLIE M	
STREET ADDRESS	721 NW 27TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	JONES, RICARDO	<input checked="" type="checkbox"/> Delete
NAME	721 NW 27TH AVE	
STREET ADDRESS	FORT LAUDERDALE FL 33311	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elder Moses Cody	
STREET ADDRESS	721 NW 27 AVE	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/05 954 614-4233  
954 467-6362