

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005640

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE TREE OF LIFE CHRISTIAN CENTER OF FT. LAUDERDALE INC.

Current Principal Place of Business:

721 NW 27TH AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1516 NW 11 AVE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 45-0518585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELOMS, OTIS SR
1812 NORTHWEST 15TH COURT
FORT LAUDERDALE, FL 33311 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: P () Delete
Name: NELOMS, PASTOR OTIS SR
Address: 721 NW 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: NELOMS, ALLIE M
Address: 721 NW 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: BROWN, JEANETTE
Address: 721 NW 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T () Delete
Name: THOMPSON, CHARLES
Address: 721 NW 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: PASTOR OTIS NELOMS SR

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date