

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007464

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** TREE OF LIFE MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

2971 N POWERLINE RD  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2971 N POWERLINE RD  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 55-0876352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDY, JENNIFER  
4263 NW 4TH CT  
DEERFIELD BEACH, FL 33442 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: D ( ) Delete  
Name: SANDY, JENNIFER  
Address: 4263 NW 4TH CT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete  
Name: WACHTEL, NANCY  
Address: 3493 DEERCREEK PALLADIAN CIRCLE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete  
Name: DENTLEY, KENNETH  
Address: 8395 NW 46TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PHILLIP, METASON  
Address: 4049 CRESCENT CREEK  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER SANDY

D

04/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date