

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011372

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** THE TREE OF LIFE FOUNDATION INTERNATIONAL, INC.

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY  
SUITE 3-C  
PALM BCH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

340 ROYAL POINCIANA WAY  
SUITE 3-C  
PALM BCH, FL 33480

**New Mailing Address:**

**FEI Number:** 20-3857927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHUMACHER, AMANDA  
1977 PORTAGE LANDING SOUTH  
NORTH PALM BEACH, FL 33408 US

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

SCHUMACHER, AMANDA  
11596 TURTLE BEACH ROAD  
NORTH PALM BEACH, FL 33408 US

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:

03/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: PROUDFIT, ROCHARD  
Address: 5401 BOONE AVE N  
City-St-Zip: NEW HOPE, MN 55428

Title: D ( ) Delete  
Name: SCHUMACHER, AMANDA  
Address: 1977 PORTAGE LN  
City-St-Zip: N PALM BCH, FL 33408

Title: O ( ) Delete  
Name: SCHUMACHER, CHARLES  
Address: 1977 PORTAGE LN  
City-St-Zip: N PALM BCH, FL 33408

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

Title: O (X) Change ( ) Addition  
Name: PROUDFIT, RICHARD  
Address: 5401 BOONE AVE N  
City-St-Zip: NEW HOPE, MN 55428

Title: D (X) Change ( ) Addition  
Name: SCHUMACHER, AMANDA  
Address: 11596 TURTLE BEACH ROAD  
City-St-Zip: N PALM BCH, FL 33408

Title: O (X) Change ( ) Addition  
Name: SCHUMACHER, CHARLES  
Address: 11596 TURTLE BEACH ROAD  
City-St-Zip: N PALM BCH, FL 33408

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: AMANDA E. SCHUMACHER

FOUN

03/10/2009

Electronic Signature of Signing Officer or Director

Date