

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:55

DOCUMENT # **N09725** (5)

1. Corporation Name
TREE OF LIFE MINISTRIES, SPANISH/AMERICA, INC.

Principal Place of Business Mailing Address
457 BIRCH AVENUE, SOUTHWEST P.O. BOX 100407 N/A
PALM BAY FL 32908 PALM BAY FL 32910-0407
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1985	3a. Date of Last Report 08/19/1994
4. FEI Number 59-2547246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SHAW, LEELAND T.
457 BIRCH AVENUE, SOUTHWEST
PALM BAY FL 32908**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SHAW, THOMAS S.
STREET ADDRESS	457 BIRCH AVENUE, SOUTHWEST
CITY - ST - ZIP	PALM BAY FL
TITLE	OSTR
NAME	ANDER, MARK
STREET ADDRESS	100 EMERSON DRIVE, NORTHWEST
CITY - ST - ZIP	PALM BAY FL
TITLE	D
NAME	DELGADO, KENNETH
STREET ADDRESS	713 APOLLO BOULEVARD
CITY - ST - ZIP	MELBOURNE FL
TITLE	D
NAME	BROWN, GERALD D.
STREET ADDRESS	1275 LINMORE CIRCLE, NORTHEAST
CITY - ST - ZIP	PALM BAY FL
TITLE	D
NAME	IRWIN, C. EDWARD
STREET ADDRESS	POST OFFICE BOX 527 N/A
CITY - ST - ZIP	ORESDEN TN
TITLE	D
NAME	SHAW, LEELAND THOMAS
STREET ADDRESS	457 BIRCH AVENUE, SOUTHWEST
CITY - ST - ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed to execute this report as required by Chapter 017, Florida Statutes; and that my name does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: Leeland T. Shaw Date: 1-24-95 (407) 725-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR