

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09725 (5)

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



Principal Place of Business
**457 BIRCH AVENUE, SOUTHWEST
PALM BAY FL 32908
US**

Mailing Address
**P.O. BOX 100407 N/A
PALM BAY FL 32910-0407
US**

3. Date Incorporated or Qualified
06/13/1985

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21 **457 Birch Ave. SW**

22 **—**

23 **Palm Bay, Florida**

24 **32908**

25 **U.S.**

2a. Mailing Address

26 **P.O. Box 100407**

27 **—**

28 **Palm Bay, Florida**

29 **32910-0407**

30 **U.S.**

4. FEI Number
59-2547246

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D SHAW, THOMAS S.**

STREET ADDRESS **457 BIRCH AVENUE, SOUTHWEST**

CITY-ST-ZIP **PALM BAY FL**

TITLE DELETE

NAME **OSTR ANDER, MARK**

STREET ADDRESS **100 EMERSON DRIVE, NORTHWEST**

CITY-ST-ZIP **PALM BAY FL**

TITLE DELETE

NAME **D DELGADO, KENNETH**

STREET ADDRESS **713 APOLLO BOULEVARD**

CITY-ST-ZIP **MELBOURNE FL**

TITLE DELETE

NAME **D BROWN, GERALD D.**

STREET ADDRESS **1275 LINMORE CIRCLE, NORTHEAST**

CITY-ST-ZIP **PALM BAY FL**

TITLE DELETE

NAME **D IRWIN, C. EDWARD**

STREET ADDRESS **POST OFFICE BOX 527 N/A**

CITY-ST-ZIP **ORSDEN TN**

TITLE DELETE

NAME **D 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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **D Ostrander, Mark**

2.3 STREET ADDRESS **100 Emerson Dr. N.W.**

2.4 CITY-ST-ZIP **Palm Bay, Fl.**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leeland T. Shaw LEELAND T. SHAW 3-4-96 407-725-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)