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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
457 BIRCH AVENUE, SOUTHWEST PALM BAY FL 32908 US  
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 03/18/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2547246	Applied For	Not Applicable
22	Suite, Apt #, etc	Suite, Apt #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHAW, LEELAND T. 457 BIRCH AVENUE, SOUTHWEST PALM BAY FL 32908				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Leeland T. Shaw* (NOTE: Registered Agent signature required when reinstating) DATE: 1-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SHAW, THOMAS S.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	457 BIRCH AVENUE, SOUTHWEST	1.2 NAME	
STREET ADDRESS	PALM BAY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	O ANDER, MARK	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 EMERSON DRIVE, NORTHWEST	2.2 NAME	D OSTRANDER, MARK
STREET ADDRESS	PALM BAY FL	2.3 STREET ADDRESS	100 Emerson DR. NW
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Bay, Fl.
TITLE	D DELGADO, KENNETH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	713 APOLLO BOULEVARD	3.2 NAME	
STREET ADDRESS	MELBOURNE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BROWN, GERALD D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1275 LINMORE CIRCLE, NORTHEAST	4.2 NAME	
STREET ADDRESS	PALM BAY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D IRWIN, C. EDWARD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST OFFICE BOX 527 N/A	5.2 NAME	
STREET ADDRESS	ORESDEN TN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SHAW, LEELAND THOMAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	457 BIRCH AVENUE, SOUTHWEST	6.2 NAME	
STREET ADDRESS	PALM BAY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: 1-7-97 DAYTIME PHONE #: 407-725-3663

CR2E037 (9/96)