

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
 4. FEI Number 59-2547246 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 FL 85 Zip Code

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 D. LEELAND T. SHAW DATE 7-8-98  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, THOMAS S.	
STREET ADDRESS	457 BIRCH AVENUE, SOUTHWEST	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSTRANDER MARK	
STREET ADDRESS	100 EMERSON DRIVE, NORTHWEST	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELGADO, KENNETH	
STREET ADDRESS	713 APOLLO BOULEVARD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, GERALD D.	
STREET ADDRESS	1275 LINMORE CIRCLE, NORTHEAST	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IRWIN, C. EDWARD	
STREET ADDRESS	POST OFFICE BOX 527 N/A	
CITY-ST-ZIP	OPEDDEN TN	
TITLE	D	<input type="checkbox"/> DELETE
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Betsy Delgado	
1.3 STREET ADDRESS	1530 BOTTLEBRUSH DR. NE	
1.4 CITY-ST-ZIP	Palm Bay, FL. 32905	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BUY HENRY	
2.3 STREET ADDRESS	286 S. Main St.	
2.4 CITY-ST-ZIP	CARSONVILLE, M.I. 48419	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KENNETH DELGADO	
3.3 STREET ADDRESS	1530 Bottlebrush DR. NE	
3.4 CITY-ST-ZIP	Palm Bay, Fl. 32905	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wanda J. Shaw	
4.3 STREET ADDRESS	457 BIRCH AVE SW	
4.4 CITY-ST-ZIP	Palm Bay, Fl. 32908	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jacque L. Shaw	
6.3 STREET ADDRESS	457 BIRCH AVE SW	
6.4 CITY-ST-ZIP	Palm Bay, Fl. 32908	
8.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8.2 NAME		
8.3 STREET ADDRESS		
8.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: [Signature] DATE: 7-8-98 (407) 725-3663  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (5/98)