


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90156 025 ****61.25

0019388

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N09725

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
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/13/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2547246
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SHAW, THOMAS S.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 457 BIRCH AVENUE, SOUTHWEST	CITY-ST-ZIP PALM BAY FL	1.2 NAME	
TITLE T	NAME DELGADO, BETSY	1.3 STREET ADDRESS	
STREET ADDRESS 1530 BOTTLEBRUSH DR NE	CITY-ST-ZIP PALM BAY FL 32905	1.4 CITY-ST-ZIP	
TITLE T	NAME DELGADO, KENNETH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1530 BOTTLEBRUSH DR NE	CITY-ST-ZIP PALM BAY FL 32905	2.2 NAME	
TITLE T	NAME HENRY, GUY	2.3 STREET ADDRESS	
STREET ADDRESS 286 S MAIN ST	CITY-ST-ZIP CARSONVILLE MI 48419	2.4 CITY-ST-ZIP	
TITLE D	NAME SHAW, WANDA J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 457 BIRCH AVE SW	CITY-ST-ZIP PALM BAY FL 32908	3.2 NAME	
TITLE D	NAME SHAW, LEELAND THOMAS	3.3 STREET ADDRESS	
STREET ADDRESS 457 BIRCH AVENUE, SOUTHWEST	CITY-ST-ZIP PALM BAY FL	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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/10/99** DAYTIME PHONE: **(407) 925-3663**

CR2E037 (1/98)