

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09725

1. Entity 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

1510 Bottlebrush Dr. NE.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Palm Bay, Florida

Suite, Apt. #, etc.

City & State

City & State

Zip

32905

Country

USA

Zip

Country

DO NOT WRITE IN THIS SPACE

06-13-00 90008 045 \$70.00

4. FEI Number

59-2547246

Applied For

Not Applied

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHAW, LEELAND T.
457 BIRCH AVENUE, SOUTHWEST
PALM BAY FL 32908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SHAW, THOMAS S.
STREET ADDRESS 457 BIRCH AVENUE, SOUTHWEST
CITY-ST-ZIP PALM BAY FL

TITLE T ☐ Delete
NAME DELGADO, BETSY
STREET ADDRESS 1530 BOTTLEBRUSH DR NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE T ☐ Delete
NAME DELGADO, KENNETH
STREET ADDRESS 1530 BOTTLEBRUSH DR NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE T ☐ Delete
NAME HENRY, GUY
STREET ADDRESS 286 S MAIN ST
CITY-ST-ZIP CARSONVILLE MI 48419

TITLE D ☐ Delete
NAME SHAW, WANDA J.
STREET ADDRESS 457 BIRCH AVE SW
CITY-ST-ZIP PALM BAY FL 32908

TITLE D ☐ Delete
NAME SHAW, LEELAND THOMAS
STREET ADDRESS 457 BIRCH AVENUE, SOUTHWEST
CITY-ST-ZIP PALM BAY FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-3-00

#321-725

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 PM 4:11

