

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09725

1. Entity Name

TREE OF LIFE MINISTRIES, SPANISH/AMERICA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 13 PM 4:11

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

DO NOT WRITE IN THIS SPACE  
06-13-00 90008 045 \$70.00

City & State

4. FEI Number  
59-2547246

Applied For  
Not Applied

Zip  
32905

Country  
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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

10-3-00

Date

# 321-725

Daytime Phone #