

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31018 (7)

1. Corporation Name

TREE OF LIFE CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

20 S.W. 12 AVE.  
1955 S.E. 4TH ST.  
DEERFIELD BEACH FL 33442  
US

C/OP JOSEPH TOMELEVAGE  
1955 SE 4TH ST  
DEERFIELD BEACH FL 33441-5003  
US

3. Date Incorporated or Qualified  
03/06/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number  
65-0128972

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMELEVAGE, JOSEPH  
1955 S.E. 4TH STREET  
DEERFIELD BEACH FL 33441

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: JOSEPH TOMELEVAGE

(Typed Name of Agent) Joseph Tomelevage

DATE: 4-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME JENNIFER SANDY  
STREET ADDRESS 4263 N.W. 4TH CT.  
CITY-ST-ZIP DEERFIELD BCH. FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BADAL, VICTOR  
STREET ADDRESS 175 HERITAGE WAY  
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME TOMELEVAGE, JOSEPH  
STREET ADDRESS 1955 S.E. 4TH ST.  
CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: JOSEPH TOMELEVAGE

(Typed Name of Signing Officer or Director) Joseph Tomelevage

DATE: 4-15-96 305 426-3999

CR2E037 (12/95)