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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31018

1. Corporation Name

TREE OF LIFE CHRISTIAN CENTER, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **2971 N. POWERLINE RD**

Suite, Apt. #, etc.

22

City & State

23 **PANAMA BCH. FL. 33069**

Zip Country

24 **33069** 25 **BROWARD**

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

3. Date Incorporated or Qualified

03/06/1989

4. FEI Number

65-0128972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

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

TITLE **D** ☒ DELETE

NAME **TORRES, V.M.**
STREET ADDRESS **6281 NE 8TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **NANCY WACHTEL**
1.3 STREET ADDRESS **669 N.W. 46 TH. AVE**
1.4 CITY-ST-ZIP **DEERFIELD BCH. FL. 33443**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **JOSEPH TOMELEVAGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 954-426-3994

Date Daytime Phone #

CR2E037 (11/98)