

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31018

1. Entity Name

TREE OF LIFE CHRISTIAN CENTER, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90024 006 \*\*\*\*61.25

Principal Place of Business <b>2971 N POWERLINE RD POMPANO BCH FL 33069 US</b>	Mailing Address <b>C/OP JOSEPH TOMELEVAGE 1955 SE 4TH ST DEERFIELD BEACH FL 33441-5003 US</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2971 N. POWERLINE RD</b>	3. Mailing Address <b>2971 N. POWERLINE RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>POMPANO BCH, FLA.</b>	City & State <b>POMPANO BCH, FLA.</b>
Zip <b>33069</b>	Zip <b>33069</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0128972</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  <b>TOMELEVAGE, JOSEPH 1955 S.E. 4TH STREET DEERFIELD BEACH FL 33441</b>
--

7. Name and Address of New Registered Agent Name <b>JENNIFER SANDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2971 N. POWERLINE RD</b> <b>PO</b> City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33069</b>
---

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 *Jennifer Sandy* **JENNIFER SANDY (PASTOR)** **4.5.00**  
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**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENNIFER SANDY</b> <b>4263 N.W. 4TH CT.</b> <b>DEERFIELD BCH. FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOMELEVAGE, JOSEPH</b> <b>1955 S.E. 4TH ST.</b> <b>DEERFIELD BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WACHTEL, NANCY</b> <b>669 NW 48TH AVE</b> <b>DEERFIELD BCH FL 33443</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b> </b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b> </b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b> </b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jennifer Sandy* **SIGNATURE REQUIRED** **4.5.00** **954-429-9261**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)