

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90078 020 \*\*\*\*61.25

**DOCUMENT # N31018**

1. Entity Name

**TREE OF LIFE CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

2971 N POWERLINE RD  
POMPANO BCH FL 33069  
US

2971 N POWERLINE RD  
POMPANO BCH FL 33069  
US

2. Principal Place of Business

3. Mailing Address

2971 N. POWERLINE RD

2971 N. POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH, FL

Zip

Country

Zip

Country

33069

USA

33069

U.S.A.

4. FEI Number

65-0128972

Applied For

Not Applicable

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

SANDY, JENNIFER

2971 N. POWERLINE RD

POMPANO BEACH FL 33069

Name

JENNIFER SANDY

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

4263 N.W. 4TH CT

City

DEERFIELD BCH.

FL

Zip Code

33442

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*

3.22.01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
KENNETH DENTLEY  
7801 TAM O SHANTER BLVD  
NORTH LAUDERDALE, 33068 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WACHTEL, NANCY  
669 NW 46TH AVE  
DEERFIELD BCH FL 33443 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*JENNIFER SANDY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.01

954-972-1812

Date

Daytime Phone #

CR2E037 (10/00)