

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90292 037 \*\*\*\*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

**2971 N POWERLINE RD**

3. Mailing Address

**2971 N. POWERLINE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**POMPANO BEACH FLA.**

City & State

**POMPANO BEACH FLA.**

Zip

Country

**33069**

**U.S.**

Zip

Country

**33069**

**U.S.**

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

**SANDY, JENNIFER  
 4263 NW 4TH COURT  
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

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**

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

TITLE **D** ☐ Delete  
 NAME **DENTLEY, KENNETH**  
 STREET ADDRESS **7801 TAM O SHANTER BLVD**  
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME **KENNETH DENTLEY**  
 STREET ADDRESS **19370 COLLINS AVE #501**  
 CITY-ST-ZIP **SUNNY ISLES BEACH  
 FL 33160**

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

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

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

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.18.02**

**954-972-1812**

CR2E037 (9/01)