

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 023 ****70.00

DOCUMENT # N32132

1. Entity Name
**TREE OF LIFE MINISTRIES AND CHRISTIAN CENTER
INC.**



Principal Place of Business
**16321 NW 47TH AVE
MIAMI, FL 33054 US**

Mailing Address
**PO BOX 69-4982
MIAMI, FL 33269 US**

DO NOT WRITE IN THIS SPACE



03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0116070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MINUS, HAYLE L A
2837 W BAHAMA DRIVE
MIRAMAR, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COLEY, WILLIE J
13313 SW 31 ST
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HAYLE-MINUS, LINNETTE A
2837 W BAHAMA DR
MIRAMAR, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ROMAN, VINCENT
780 NW 179TH ST.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
COLEY, IRENE
13313 SW 31 ST
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Willie Coley* **Willie Coley**

3/28/05 305-623-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #