

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N33039** (1)

1. Corporation Name

TREE OF LIFE MINISTRIES, INC.

Principal Place of Business

Mailing Address

9361 MILL SPRINGS DRIVE
JACKSONVILLE FL 32257
US

9361 MILL SPRINGS DRIVE
JACKSONVILLE FL 32257
US

3. Date Incorporated or Qualified

06/29/1989

4. FEI Number

59-2960540

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **9361 MILL SPRINGS DRIVE**

Suite, Apt. #, etc.

22

City & State

23 **JACKSONVILLE, FL**

Zip

24 **32257**

Country

25 **DUVAL**

26

City & State

27 **JACKSONVILLE, FL**

Zip

28 **32257**

Country

29 **DUVAL**

30

City & State

31 **JACKSONVILLE, FL**

Zip

32 **32257**

Country

33 **DUVAL**

34

City & State

35 **JACKSONVILLE, FL**

Zip

36 **32257**

Country

37 **DUVAL**

38

City & State

39 **JACKSONVILLE, FL**

Zip

40 **32257**

Country

41 **DUVAL**

42

City & State

43 **JACKSONVILLE, FL**

Zip

44 **32257**

Country

45 **DUVAL**

46

City & State

47 **JACKSONVILLE, FL**

Zip

48 **32257**

Country

49 **DUVAL**

50

City & State

51 **JACKSONVILLE, FL**

Zip

52 **32257**

Country

53 **DUVAL**

54

City & State

55 **JACKSONVILLE, FL**

Zip

56 **32257**

Country

57 **DUVAL**

58

City & State

59 **JACKSONVILLE, FL**

Zip

60 **32257**

Country

61 **DUVAL**

62

City & State

63 **JACKSONVILLE, FL**

Zip

64 **32257**

Country

65 **DUVAL**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ELMER
9361 MILL SPRINGS DRIVE
JACKSONVILLE FL 32257

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 **ELMER WILLIAMS D.**

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

Elmer Williams

(NOTE: Registered Agent signature required when reinstating)

4-9-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **WILLIAMS, ELMER**
STREET ADDRESS **9361 MILL SPRINGS DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL 32257**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **WILLIAMS, MARGIE J.**
STREET ADDRESS **9361 MILL SPRINGS DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL 32257**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **WILLIAMS, KIMBERLY K.**
STREET ADDRESS **4090-1704 HODGES BLVD.**
CITY - ST - ZIP **JACKSONVILLE FL 32224**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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.

SIGNATURE: **ELMER WILLIAMS** **4-9-98** (904) 448-5680

CR2E037 (10/97)