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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N48389 (3)

1. Corporation Name

TREE OF LIFE CONGREGATION, INC.

Principal Place of Business	Mailing Address
727 NORTHEAST THIRD AVENUE SUITE 201 FT. LAUDERDALE FL 33304	727 NORTHEAST THIRD AVENUE SUITE 201 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 08/23/1994
4. FEI Number: 65-0412673 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4816 TAFT ST.	26 4816 Taft St
Suite, Apt. #, etc. 22 Hollywood	Suite, Apt. #, etc. 27
City & State 23 FL	City & State 28 Hollywood FL
Zip / Country 24 33021 / 25 USA	Zip / Country 29 33021 / 30 USA

9. Name and Address of Current Registered Agent

KURLAND, ELISSA R.
727 N.E. THIRD AVE., SUITE 201
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: MORTON MALAVSKY
82 Street Address (P.O. Box Number is Not Acceptable): 4816 TAFT ST
83: HOLLYWOOD, FL
84 City: FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Morton Malavsky - MORTON MALAVSKY 3/23/95
Signature, typed or printed name of registered agent and title if an officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD, REGISTERED AGENT	☒ Change ☐ Addition
NAME	MALARSKY, MORTON	12 NAME	MALAVSKY, MORTON	
STREET ADDRESS	4816 TAFT ST.	13 STREET ADDRESS	4816 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	14 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	AZULAY, JUDD	22 NAME		
STREET ADDRESS	35 EAST WACKER STREET	23 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	[redacted] SD	☒ Change ☐ Addition
NAME	KURLAND, SHELDON C	32 NAME	DR. FRED BLUMENTHAL	
STREET ADDRESS	727 N.E. 3RD. AVE. STE 201	33 STREET ADDRESS	4729 JEFFERSON ST - HOLLYWOOD FL 33021	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Morton Malavsky 3/23/95 (305) 462-6222
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Morton Malavsky

0048501