


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90006 043 \*\*\*\*70.00

<b>DOCUMENT # N48389</b> 1. Entity Name <b>TREE OF LIFE CONGREGATION, INC.</b>					
Principal Place of Business <b>4816 TAFT STREET</b> <b>HOLLYWOOD, FL 33021 US</b>			Mailing Address <b>4816 TAFT STREET</b> <b>HOLLYWOOD, FL 33021 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4816 Taft St.</b>		3. Mailing Address <b>4816 Taft St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Hollywood Florida</b>		City & State <b>Hollywood Florida</b>		4. FEI Number <b>65-0412673</b>	
Zip <b>33021</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MALAVSKY, MORTON</b> <b>4816 TAFT ST</b> <b>HOLLYWOOD, FL 33021</b>			Name 		
			Street Address (P.O. Box Number is Not Acceptable) 		
			City 		
			State <b>FL</b>		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MALAVSKY, MORTON</b> <b>4816 TAFT ST</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>AZULAY, JUDD</b> <b>35 EAST WACKER STREET</b> <b>CHICAGO, IL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BLUMENTHAL, FRED DR.</b> <b>4729 JEFFERSON ST.</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Morton Malavsky</u> <b>Morton Malavsky</b> <b>8/14/07</b> <b>954-962-6222</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					