

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90177 009 ****70.00

DOCUMENT # N50481

1. Entity Name
THE TREE OF LIFE DELIVERANCE MINISTRY, INC.



Principal Place of Business

**4150 N.W. 7TH AVE
MIAMI, FL 33127**

Mailing Address

**16280 SW 21 ST
MIRAMAR, FL 33027**

40095270



01292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0367103

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALEXANDER, ETHEL
4150 NW 53RD STREET
MIAMI, FL**

**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, 2008**

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
**DPP
ALEXANDER, ETHEL
16231 SE 21ST STREET
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
ALEXANDE, TAKELA
16280 SW 21ST ST
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
VEREEN, WANDA L.
16231 SE 21ST STREET
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *X Ethel Alexander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ethel Scott

Date

1/09/08

Daytime Phone #

305.751.3777