

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004176 (2)

1. Corporation Name

JESUS CHRIST THE TREE OF LIFE MINISTRIES, INCORPORATED



Principal Place of Business

237 AVE. DE LA ISLA
NOKOMIS FL 34275

Mailing Address

P.O. BOX 570
NOKOMIS FL 34275

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 9930 MOORE RD

26 9930 MOORE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LAKE LAND, FLA

27 LAKE LAND, FLA

City & State

City & State

23 33809-9603 USA

28 33809-9603 USA

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURSMAN, JOY
237 AVE. DE LA ISLA
NOKOMIS FL 34275

81 Name JOY KURSMAN

82 Street Address (P.O. Box Number is Not Acceptable)

9930 MOORE ROAD

83

84 City

LAKE LAND

FL

85 Zip Code 33809

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

Joy Kurzman

JOY KURSMAN PRESIDENT

APRIL 29, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KURSMAN, JOY
STREET ADDRESS 237 AVE. DE LA ISLA
CITY-ST-ZIP NOKOMIS FL 34275

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BELL, MARION K
STREET ADDRESS 237 AVE. DE LA ISLA
CITY-ST-ZIP NOKOMIS FL 34275

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LANCASTER, DAWN A
STREET ADDRESS 854 ENGEL WAY
CITY-ST-ZIP HENDERSON NV 89015

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BERRY, VIRGINIA H
STREET ADDRESS 9930 MOORE ROAD
CITY-ST-ZIP LAKE LAND FL 33809

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 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:

Joy Kurzman

JOY KURSMAN

4-29-96

686-5830

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)