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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004176

1. Corporation Name

JESUS CHRIST THE TREE OF LIFE MINISTRIES, INCORPORATED

Principal Place of Business

5233 US HWY 98 N
 #132
 LAKELAND FL 33809
 US

Mailing Address

5233 US HWY 98 N
 #132
 LAKELAND FL 33809
 US



2. Principal Place of Business 21 <u>1316 - 62ND ST N.W.</u> Suite, Apt. #, etc. 22 City & State 23 <u>BRADENTON, FL</u> Zip 24 <u>34209</u> Country <u>U.S.A.</u>		2a. Mailing Address 26 <u>PO BOX 14509</u> Suite, Apt. #, etc. 27 City & State 28 <u>BRADENTON FL</u> Zip 29 <u>34280</u> Country <u>USA</u>		3. Date Incorporated or Qualified <u>08/30/1995</u> 4. FEI Number <u>NOT APPLICABLE</u> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent

KURSMAN, JOY
5233 US HWY 98 N #132
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name JOY KURSMAN
 82 Street Address (P.O. Box Number is Not Acceptable)
1316 - 62ND ST N.W.
 83
 84 City BRADENTON FL 85 Zip Code 34209

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

Joy Kurzman President
 (Not E-Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURSMAN, JOY	1.2 NAME	
STREET ADDRESS	5233 US HWY 98 N #132	1.3 STREET ADDRESS	<u>1316 - 62ND ST N.W.</u>
CITY-STATE-ZIP	LAKELAND FL 33809-0545	1.4 CITY-STATE-ZIP	<u>BRADENTON, FL 34209</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MARION K	2.2 NAME	
STREET ADDRESS	5233 US HWY 98 N #132	2.3 STREET ADDRESS	<u>1316 - 62ND ST N.W.</u>
CITY-STATE-ZIP	LAKELAND FL 33809-0545	2.4 CITY-STATE-ZIP	<u>BRADENTON, FL 34209</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, DAWN A	3.2 NAME	
STREET ADDRESS	854 ENGEL WAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HENDERSON NV 89015	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, VIRGINIA H	4.2 NAME	
STREET ADDRESS	9930 MOORE ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33809	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Joy Kurzman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 12 3, 1999 - 941-795-4996

Date

Daytime Phone #

CR2E037 (11/98)