

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90185 019 ****61.25

DOCUMENT # N95000004176

1. Entity Name
JESUS CHRIST THE TREE OF LIFE MINISTRIES, INCORP

Principal Place of Business Mailing Address

1316 - 62ND STREET NW
 FL 34209

new ↓

PO BOX 14509
 BRANDENTON FL 34274-0847
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

400 B Hanchey DR **PO BOX 847**

Suite, Apt. #, etc. Suite, Apt. #, etc.

NO **n**

City & State City & State

NO Romis, FL **NO Romis FL**

Zip Country Zip Country

34275 **SARASOTA** **34274** **SARASOTA**

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KURSMAN, JOY
1316 - 62ND STREET NW
BRANDENTON FL 34209

7. Name and Address of New Registered Agent

Name
Kursman - Joy

Street Address (P.O. Box Number is Not Acceptable)
400 B Hanchey DR

PO BOX 847

City State Zip Code

NO Romis **FL** **34274**

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.

SIGNATURE *Joy Kursman* DATE **4/27/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | KURSMAN, JOY |
| STREET ADDRESS | 1316 - 62ND STREET NW |
| CITY-ST-ZIP | BRANDENTON FL 34209 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BELL, MARION K |
| STREET ADDRESS | 1316 - 62ND STREET NW |
| CITY-ST-ZIP | BRANDENTON FL 34209 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LANCASTER, DAWN A |
| STREET ADDRESS | 854 ENGEL WAY |
| CITY-ST-ZIP | HENDERSON NV 89015 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BERRY, VIRGINIA H |
| STREET ADDRESS | 9930 MOORE ROAD |
| CITY-ST-ZIP | LAKELAND FL 33809 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 400 B Hanchey DR |
| CITY-ST-ZIP | NO Romis, FL 34275 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 400 B Hanchey DR |
| CITY-ST-ZIP | NO Romis, FL 34275 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Same |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Same |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 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: **SIGNATURE REQUIRED Joy KURSMAN** DATE **4/27/00** DAYTIME PHONE # **941-485 7916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)