

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 PO BOX 14509
 FL 34209 BRANDENTON FL 34274-0847
 US

2. Principal Place of Business 3. Mailing Address
 400 B Hanchey DR PO BOX 847
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 n.

City & State City & State
 No Romis, FL No Romis FL
 Zip Country Zip Country
 34275 SAKKASDA 34274 SAKKASDA

4. FEI Number NOT APPLICABLE Applied For
 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: No Romis FL Zip Code: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURSMAN, JOY	NAME	
STREET ADDRESS	1316 - 62ND STREET NW	STREET ADDRESS	400 B Hanchey DR
CITY-ST-ZIP	BRANDENTON FL 34209	CITY-ST-ZIP	No Romis, FL 34275
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MARION K	NAME	
STREET ADDRESS	1316 - 62ND STREET NW	STREET ADDRESS	400 B Hanchey DR
CITY-ST-ZIP	BRANDENTON FL 34209	CITY-ST-ZIP	No Romis, FL 34275
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, DAWN A	NAME	
STREET ADDRESS	854 ENGEL WAY	STREET ADDRESS	Same
CITY-ST-ZIP	HENDERSON NV 89015	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, VIRGINIA H	NAME	
STREET ADDRESS	9930 MOORE ROAD	STREET ADDRESS	Same
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 4/27/00 941-485 7916
 Signature, typed or printed name of signing officer or director Daytime Phone #

CR2E037 (9/99)