

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 011 ****63.00

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1. Entity Name

THE HOLY TREE OF LIFE, INC.



Principal Place of Business

229 NORTH AT KING STREET
SANDERSON FL 32087

Mailing Address

P.O. BOX 135
SANDERSON FL 32087



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3434309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAIGE, VERNON
HIGHWAY 229 NORTH AT KING STREET
SANDERSON FL 32087

Name

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

City

FL

Zip Code

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

FILE NOW. FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PAIGE, VERNON
STREET ADDRESS EJ PAIGE RD, P. O. BOX 135
CITY-ST-ZIP SANDERSON FL 32087

TITLE SD ☐ Delete
NAME PAIGE, WANDA
STREET ADDRESS E J PAIGE RD, P. O. BOX 135
CITY-ST-ZIP SANDERSON FL 32087

TITLE TD ☐ Delete
NAME PAIGE, MORRIS L
STREET ADDRESS E J PAIGE ROAD, P. O. BOX 135
CITY-ST-ZIP SANDERSON FL 32087

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME P. Paige, Vernon
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME S.D. Paige, Wanda
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME T.D. Paige, Morris L
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vernon Paige - VERNON PAIGE*

(904) 275-2488