

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000475

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** THE HOLY TREE OF LIFE, INC.

**Current Principal Place of Business:**

14144 SONNYCOPELAND LN  
SANDERSON, FL 32087

**New Principal Place of Business:**

**Current Mailing Address:**

14144 SONNYCOPELAND LN  
SANDERSON, FL 32087

**New Mailing Address:**

**FEI Number:** 59-3434309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAIGE, VERNON  
14144 SONNYCOPELAND LN  
SANDERSON, FL 32087 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PAIGE, VERNON  
**Address:** EJ PAIGE RD, P. O. BOX 135  
**City-St-Zip:** SANDERSON, FL 32087

**Title:** SD  
**Name:** PAIGE, WANDA  
**Address:** E J PAIGE RD, P. O. BOX 135  
**City-St-Zip:** SANDERSON, FL 32087

**Title:** TD  
**Name:** PAIGE, MORRIS L  
**Address:** E J PAIGE ROAD, P. O. BOX 135  
**City-St-Zip:** SANDERSON, FL 32087

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** VERNON PAIGE

PRES

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date