

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90195 009 ****70.00

DOCUMENT # N97000000475

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD PAIGE Vernon
EJ PAIGE Rd. P.O. Box 135
SANDERSON FL 32087** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD PAIGE Wanda
EJ PAIGE Rd P.O. Box 135
SANDERSON FL 32087** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD PAIGE Morris L
EJ PAIGE RD P.O. Box 135
SANDERSON FL 32087** ☐ Change ☐ Addition

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

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

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

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: *Vernon Paige* **NOTARIES REQUIRED**

3-22-03 (404) 275-2688

CR2E037 (10/02)