

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90049 030 \*\*\*\*70.00

**DOCUMENT # N99000000110**

1. Entity Name  
TREE OF LIFE OUTREACH DEVELOPMENT, INC.



Principal Place of Business

13313 SW 31 ST.  
MIRAMAR, FL 33027

Mailing Address

13313 SW 31 ST.  
MIRAMAR, FL 33027

**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
31-1630181

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COLEY, WILLIE  
13313 SW 31 ST.  
MIRAMAR, FL 33027

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC COLEY, WILLIE 13313 SW 31 ST. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINUS, LINETTE 2837 W BAHAMA DR. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEY, IRENE 13313 SW 31 ST. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROMAN, VINCENT 780 NW 179 ST. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

954-430-5381

**SIGNATURE:** *Willie Coley* Willie Coley

3/28/05 305-623-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #