## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # N54000000110 1. Entity Name 04-26-2007 90199 043 \*\*\*\*70.00 TREE OF LIFE OUTREACH DEVELOPMENT, INC. Principal Place of Business Mailing Address 13313 SW 31 ST. MIRAMAR FL 33027 13313 SW 31 ST MIRAMAR FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 31-1630181 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired K Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEY, WILLIE Street Address (P.O. Box Number is Not Acceptable) 13313 SW 31 ST. MIRAMAR FL 33027 City 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 it applicable. INOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILLE PC TITLE ☐ Delete ☐ Chance Addition NAM COLEY, WILLIE NAME STREET ADDRESS 13313 SW 31 ST. STREET ADDRESS CITY - ST- ZIP MIRAMAR FL 33027 CHY ST ZIP SHITTHE COLEY 13313 SW 31 St Change MILE TITLE Delete Addition NAM MINUS, LINETTE NAM STREET ADDRESS 2837 W BAHAMA DR. STREET ADDRESS CITY+S1+7IP CHY ST ZIE M. YAMAY, H. 33027 MIRAMAR FL 33023 HILL □ Defete iıîni ☐ Addition TD ☐ Change NAM NAME COLEY, IRENE STREET ADDRESS STREET ADDRESS 13313 SW 31 ST. CITY-ST-ZIP CITY ST-ZIP MIRAMAR FL 33027 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME ROMAN, VINCENT STREET ADDRESS STREET ADDRESS 780 NW 179 ST. CITY-ST-ZIP CITY-ST ZIP **MIAMI FL 33169** ☐ Delete HHE ☐ Change Addition STREET ADDRESS STHEET ADDRESS CHY-SI-7IP CHY SI-ZIP HHE ☐ Addition ☐ Dolete FITLE Change 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 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: Q

Colex

4/18/07

FILED