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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91878 007 ****61.25

DOCUMENT # N99000002215

1. Entity Name
TREE OF LIFE CHURCH, INC.

Principal Place of Business	Mailing Address
~~741 N COMBEE RD~~ ~~LAKELAND FL 33801~~	~~741 N COMBEE RD~~ ~~LAKELAND FL 33801~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4315 S. Florida Ave	4315 S Florida Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33813 Country: USA	Zip: 33813 Country: USA

4. FEI Number 59-3592721 ☐ 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
ARNOLD, STEVE ~~741 N COMBEE RD~~ ~~LAKELAND FL 33801~~	Name Street Address (P.O. Box Number is Not Acceptable): 4315 S Florida Ave City: Lakeland FL Zip Code: 33813

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: Steve Arnold 4/30/03

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARNOLD, STEVE 741 N COMBEE RD LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4315 S Florida Ave Lakeland FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HALL, TRACI 1923 CASCO STREET LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARNOLD, SHIRLEY 741 N COMBEE RD LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4315 S Florida Ave Lakeland FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCLARN, GAIL 741 N COMBEE ROAD LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition GAIL MC LAIN 4315 S Florida Ave Lakeland FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARMON, MYRON 2121 BARCELONA WAY S SAINT PETERSBURG FL 33712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Gail McLain REQUIRED 4/30/03 863-644-5433