


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 044 ****61.25

DOCUMENT # N99000005544 1. Entity Name TREE OF LIFE MINISTRIES OF THE HOLY SPIRIT, INC.	
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Principal Place of Business 190 NE 9 AVE FLORIDA CITY, FL 33034	Mailing Address 190 NE 9 AVE FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0952153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANT, CHRISTYE 190 NW 9TH AVE. FLORIDA CITY, FL 33034

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, ADAM 190 NW 9TH AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANT, CHRISTYE 190 NW 9TH AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEABORN, JAVON 15475 SW 144TH PLACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained in Chapter 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: <i>Mrs. Christye Grant</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>5/19/07</i> Date	Daytime Phone #
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