2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000093946

1. Entity Name
TREE OF LIFE BIBLE BOOK STORE INC.

Principal Place of Business	Mailing Address
7958 PINES BLVD PEMBROKE PINES, FL 33024	7958 PINES BLVD PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE

03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0626406
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IRVING, BARRINGTON
7958 PINES BLVD
PEMBROKE PINES, FL 33024

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	IRVING, BARRINGTON 16901 N
STREET ADDRESS	16901 NW 34 AVE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	VSD
NAME	IRVING, CLOVALYN J
STREET ADDRESS	16901 NW 34 AVE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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04/26/04-80120-018 150.00

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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 607, 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: Barrington Irving March 8, 04 9548940091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #