

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09725

Entity Name: TREE OF LIFE MINISTRIES, SPANISH/AMERICA, INC.**Current Principal Place of Business:**1520 BOTTLEBRUSH DR. NE
PALM BAY, FL 32905**Current Mailing Address:**1520 BOTTLEBRUSH DRIVE NE
PALM BAY, FL 32905 US**FEI Number: 59-2547246****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DELGADO, KENNETH
1520 BOTTLEBRUSH DRIVE NE
PALM BAY, FL 32905 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	HENRY, V. GUY
Address	2084 THOMPSON ROAD
City-State-Zip:	FENTON MI 48430
Title	DIRECTOR
Name	BELL, KENNARD BUDDY DR.
Address	P.O. BOX 1998
City-State-Zip:	SAND SPRINGS OK 74063
Title	DIRECTOR
Name	SURIEL, ALBERTO
Address	1911 PORT MALABAR BLVD
City-State-Zip:	PALM BAY FL 32905
Title	DIRECTOR
Name	MUNDY, KEN DR.
Address	2439 HOLLIGSWORTH HILL AVE
City-State-Zip:	LAKELAND FL 33803

Title	PRESIDENT
Name	DELGADO, KENNETH WAYNE
Address	154 ANGELO ROAD SE
City-State-Zip:	PALM BAY FL 32909
Title	DIRECTOR
Name	QUILES, ERNESTO
Address	2068 CHERRYWOOD DR.
City-State-Zip:	MELBOURNE FL 32935
Title	DIRECTOR
Name	ROSE, VICTORIA
Address	7207 CENROSE CIRCLE
City-State-Zip:	WESTWOOD NJ 07675

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH DELGADO**PRESIDENT****02/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date