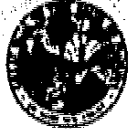


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:20

DOCUMENT # 761412 (6)

1. Corporation Name

LIVELIHOOD EXCHANGE AND RESOURCE NETWORK, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**% LEFORD TOBIAS
110 NW 39TH AVE #88-B
GAINSVILLE FL 32609**

**% LEFORD TOBIAS
110 NW 39TH AVE #88-B
GAINSVILLE FL 32609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1982

3a. Date of Last Report
06/02/1994

4. FEI Number
59-2113799

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOBIAS, LEFORD
110 N.W. 39TH AVE. #88-B
GAINSVILLE FL 32609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **GREENWALD, PAMELA**
STREET ADDRESS **RT 1 BOX 52**
CITY - ST - ZIP **ALACHUA FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE **VPD**
NAME **EARLY, MAXINE**
STREET ADDRESS **P O BOX 5433 N/A**
CITY - ST - ZIP **GAINESVILLE FL**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE **PDY**
NAME **TOBIAS, LEFORD**
STREET ADDRESS **110 NW 39TH AV #88-B**
CITY - ST - ZIP **GAINSVILLE FL**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE **D**
NAME **ROBERTS, KEITH**
STREET ADDRESS **3925 NW 12TH TERRACE**
CITY - ST - ZIP **GAINSVILLE FL**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE **DS**
NAME **JONES, LENORE**
STREET ADDRESS **1515 NW 10TH ST**
CITY - ST - ZIP **GAINSVILLE FL**

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE **D**
NAME **COUNCIL, SHERRY**
STREET ADDRESS **P O BOX 6890 N/A**
CITY - ST - ZIP **OCALA FL**

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leford Tobias **Leford Tobias**

4-28-95

(904) 377-0651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #