

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761412 (6)
1. Corporation Name
LIVELIHOOD EXCHANGE AND RESOURCE NETWORK, INC.



Principal Place of Business Mailing Address
% LEFORD TOBIAS % LEFORD TOBIAS
110 NW 39TH AVE #88-B 110 NW 39TH AVE #88-B
GAINESVILLE FL 32609 GAINESVILLE FL 32609

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/12/1982		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2113799		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
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
GAINESVILLE 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENWALD, PAMELA	1.2 NAME	LUDWIG, HARRIET
STREET ADDRESS	RT 1 BOX 52	1.3 STREET ADDRESS	1810 NW 23rd BLVD, # 276
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLY, MAXINE	2.2 NAME	OLOMIDE A. OGUNLANO
STREET ADDRESS	P O BOX 5433 N/A	2.3 STREET ADDRESS	161 THISTLE HILLS E.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	ARCHER, FL 32618
TITLE	PDT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOBIAS, LEFORD	3.2 NAME	SMITH, WENDE K.
STREET ADDRESS	110 NW 39TH AV #88-B	3.3 STREET ADDRESS	161 THISTLE HILLS E.
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	ARCHER, FL 32618
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, KEITH	4.2 NAME	BROWN, ARNDRA M.
STREET ADDRESS	3925 NW 12TH TERRACE	4.3 STREET ADDRESS	110 NW 39th AV # 20-A
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LENORE	5.2 NAME	JONES, LENORE
STREET ADDRESS	1515 NW 10TH ST	5.3 STREET ADDRESS	1515 NW 10th ST # N-23
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUNCIL, SHERRY	6.2 NAME	GEDENIMBO O. ATIBA
STREET ADDRESS	P O BOX 6890 N/A	6.3 STREET ADDRESS	1007 NE 22nd ST
CITY-ST-ZIP	Ocala FL	6.4 CITY-ST-ZIP	GAINESVILLE, FL 32641

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 119.07(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.

LEFORD TOBIAS

4-29-96

(352) 377-0651

SIGNATURE:

Leford Tobias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)