

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761412 (6)
1. Corporation Name
LIVELIHOOD EXCHANGE AND RESOURCE NETWORK, INC.



Principal Place of Business % LEFORD TOBIAS 110 NW 39TH AVE #88-B GAINSVILLE FL 32609	Mailing Address % LEFORD TOBIAS 110 NW 39TH AVE #88-B GAINSVILLE FL 32609-1768
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/12/1982		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2113799		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent TOBIAS, LEFORD 110 N.W. 39TH AVE. #88-B GAINSVILLE FL 32609				10. Name and Address of New Registered Agent			
				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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENWALD, PAMELA			1.2 NAME			
STREET ADDRESS	RT 1 BOX 52			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL (N/A)			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OGUNLANO, OLOMIDE A.			2.2 NAME			
STREET ADDRESS	161 THISTLE HILLS E			2.3 STREET ADDRESS			
CITY-ST-ZIP	ARCHER FL			2.4 CITY-ST-ZIP			
TITLE	PDT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBIAS, LEFORD			3.2 NAME			
STREET ADDRESS	110 NW 39TH AV #88-B			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINSVILLE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, KEITH			4.2 NAME			
STREET ADDRESS	3925 NW 12TH TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINSVILLE FL			4.4 CITY-ST-ZIP			
TITLE	DS VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, LENORE			5.2 NAME			
STREET ADDRESS	1515 NW 10TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINSVILLE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ATIBA, GEDENIMBO O			6.2 NAME			
STREET ADDRESS	1007 NE 22ND STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	GAINSVILLE FL			6.4 CITY-ST-ZIP			

14. I do 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 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

428-97

CR2E037 (9/96)