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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 761412**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/12/1982

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D GREENWALD, PAMELA**  
STREET ADDRESS **RT 1, BOX 52 N/A**  
CITY-ST-ZIP **ALACHUA FL**

TITLE ☐ DELETE  
NAME **D WEBSTER, INDIA**  
STREET ADDRESS **6034 NW 26TH ST**  
CITY-ST-ZIP **GAINSVILLE FL**

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

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

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

TITLE ☐ DELETE  
NAME **D LUDWIG, HARRIET**  
STREET ADDRESS **1810 NW 23RD BLVD**  
CITY-ST-ZIP **GAINSVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED 4-27-99**

**(352) 3770 651**

Date

Daytime Phone #

CR2E037 (11/98)