

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001219

1. Entity Name

LIFE TOUCH OUTREACH MINISTRIES/CENTER INC.

Principal Place of Business

Mailing Address

350 CROSSING BLVD #823  
ORANGE PARK FL 32073

350 CROSSING BLVD #823  
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, PAMELA R  
350 CROSSING BLVD #823  
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME WILLIAMS, PAMELA R  
STREET ADDRESS 350 CROSSING BLVD #823  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE V-B ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MAYBERRY, MICHELLE  
STREET ADDRESS 1158A ALLEGHNAY CIR  
CITY-ST-ZIP JACKSONVILLE FL 32212

TITLE ☐ Change ☒ Addition  
NAME Cotton, Debra  
STREET ADDRESS 130 E 45th St # C-3  
CITY-ST-ZIP Shawnee, OK 74804

TITLE D ☐ Delete  
NAME LEONARD, TYRONNE  
STREET ADDRESS RT 4, BOX 569, COUNTY RD  
CITY-ST-ZIP ABBEVILLE AL 36310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WILLIAMS, TIMOTHY L  
STREET ADDRESS P O BOX 30302  
CITY-ST-ZIP JACKSONVILLE FL 32230

TITLE P-D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LEONARD, HELEN  
STREET ADDRESS RT 4, BOX 569, COUNTY RD  
CITY-ST-ZIP ABBEVILLE AL 36310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Jackson, Dwight + Allene  
STREET ADDRESS 1775 Versailles Dr.  
CITY-ST-ZIP Atlanta, GA 30331

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Timothy L. Williams* **REQUIRED** Timothy L. Williams 24 APR 02 904 278-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90551 049 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)