

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001219

FILED
Nov 07, 2005
Secretary of State

Entity Name: LIFE TOUCH OUTREACH MINISTRIES/CENTER INC.

Current Principal Place of Business:

2612 WATERSTONE DR.
ORANGE PARK, FL 32073

New Principal Place of Business:

4851 AMOS ST.
JACKSONVILLE, FL 32209

Current Mailing Address:

2612 WATERSTONE DR.
ORANGE PARK, FL 32073

New Mailing Address:

P.O. BOX 3545-1
ST. JOHNS BLUFF SUITE 337
JACKSONVILLE, FL 32224

FEI Number: 91-2021124 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, PAMELA R
2612 WATERSTONE DR.
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

THOMPSON, NATALIE
4851 AMOS ST.
JACKSONVILLE, FL 32209 US

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: NATALIE THOMPSON

11/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILLIAMS, PAMELA R
Address: 350 CROSSING BLVD #823
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: COTTON, DEBRA
Address: 130 E. 45TH ST. #C-3
City-St-Zip: SHAWNEE, OK 74804

Title: D () Delete
Name: LEONARD, TYRONNE
Address: RT 4, BOX 569, COUNTY RD
City-St-Zip: ABBEVILLE, AL 36310

Title: PD () Delete
Name: WILLIAMS, TIMOTHY L
Address: 2015 PRIMROSE LANE
City-St-Zip: CHANDLER, OK 74834

Title: D () Delete
Name: LEONARD, HELEN
Address: RT 4, BOX 569, COUNTY RD
City-St-Zip: ABBEVILLE, AL 36310

Title: D () Delete
Name: JACKSON, DWIGHT
Address: 1775 VERSAILLES DR.
City-St-Zip: ATLANTA, GA 30331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WILLIAMS, PAMELA R
Address: 492 MOSS CREEK LANE
City-St-Zip: BRUNSWICK, GA 31520

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WILLIAMS, TIMOTHY L
Address: 492 MOSS CREEK LANE
City-St-Zip: BRUNSWICK, GA 31520

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY L. WILLIAMS

PD

11/07/2005

Electronic Signature of Signing Officer or Director

Date