04-28-2003 91429 022 [illegible] 61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
90111929

2003 NOT-FOR-PROFIT CORPORATION 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
2612 Waterstone Dr. Suite, Apt. #, etc.	2612 Water Stone Dr. Suite, Apt. #, etc.
City & State: Orange Park FL	City & State: Orange Park, FL
Zip: 32073 County: Clay	Zip: 32073 County: Clay

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 91 2021124 ☐ 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: Williams Pamela R. Street Address (P.O. Box Number is Not Acceptable): 2612 Water Stone Dr. City: Orange Park FL Zip Code: 32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Pamela R. Williams Pamela R. Williams 18 APR 03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when submitting) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Mail to: Check Information to: Florida Department of State, P.O. Box 6327, Tallahassee, FL 32314

10. OFFICERS AND DIRECTORS		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		☐ Change ☒ Addition
TITLE	VD		TITLE	D	
NAME	WILLIAMS, PAMELA R		NAME	Mayberry, Michelle	
STREET ADDRESS	350 CROSSING BLVD #823		STREET ADDRESS	2612 Waterstone Dr.	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COTTON, DEBRA		NAME		
STREET ADDRESS	130 E. 45TH ST. #C-3		STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE, OK 74804		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEONARD, TYRONNE		NAME		
STREET ADDRESS	RT 4, BOX 569, COUNTY RD		STREET ADDRESS		
CITY-ST-ZIP	ABBEVILLE, AL 36310		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WILLIAMS, TIMOTHY L		NAME	Williams Timothy L.	
STREET ADDRESS	P O BOX 30302		STREET ADDRESS	2015 Primrose Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32230		CITY-ST-ZIP	Chandler, OK 74834	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEONARD, HELEN		NAME		
STREET ADDRESS	RT 4, BOX 569, COUNTY RD		STREET ADDRESS		
CITY-ST-ZIP	ABBEVILLE, AL 36310		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	D Arlene JACKSON	☐ Change ☒ Addition
NAME	JACKSON, DWIGHT		NAME		
STREET ADDRESS	1775 VERSAILLES DR		STREET ADDRESS	1775 Versailles Dr.	
CITY-ST-ZIP	ATLANTA, GA 30331		CITY-ST-ZIP	Atlanta, GA 30331	

CR2E037 (10/02)

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.

405 258-4118

SIGNATURE: Pamela R. Williams 18APR03
(SIGNATURE, AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date)