2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004
Secretary of State

DOCUMENT# N03000005491

Entity Name: TOUCHING LIVES HEALTH CARE MINISTRIES, INC

Current Principal Place of Business:

1415 N MYRTLE AVENUE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1415 N MYRTLE AVENUE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 81-0619356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRIS, LEE
1415 N MYRTLE AVENUE
JACKSONVILLE, FL, FL 32209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEE, HARRIS
Address: 1319 N MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: ANNETTE, ROGERS
Address: 1319 N MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: MILTON, GEE
Address: 1319 N MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: DELORIS, SCOTT
Address: 1319 N MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: JOHN, HAYES
Address: 1319 N MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: BURNETT, GEE
Address: 2564 MINOSO CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LEE HARRIS PRES 06/09/2004

Electronic Signature of Signing Officer or Director — Date

BETTY V. HARRIS, DIRECTOR
1319 N. MYRTLE AVENUE
JACKSONVILLE, FL. 32209

HAROLD PIERCE, DIRECTOR
1319 N. MYRTLE AVENUE
JACKSONVILLE, FL. 32209