

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005491

FILED  
Mar 23, 2006  
Secretary of State

**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: D (X) Change ( ) Addition  
Name: HARRIS, BETTY V  
Address: 1262 W. 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Change ( ) Addition  
Name: DELORIS, SCOTT  
Address: 2227 COURTNEY DR.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Change ( ) Addition  
Name: STANLEY, ROBINSON  
Address: 2554 W. 43RD STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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 Chapter 119, 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 E. HARRIS

PD

03/23/2006

Electronic Signature of Signing Officer or Director

Date