

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N28488 (7)**  
1. Corporation Name  
**LIFETOUCH MINISTRIES, INC.**



Principal Place of Business <b>P.O. BOX 162321 ALTAMONTE SPRINGS FL 32716-9321</b>	Mailing Address <b>P.O. BOX 162321 ALTAMONTE SPRINGS FL 32716-2321</b>
---	---

3. Date Incorporated or Qualified <b>09/09/1988</b>	3a. Date of Last Report <b>06/07/1996</b>
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number <b>59-2906591</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RUSSELL, THOMAS W.  
917 RED FOX ROAD  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name <b>SANK</b>
82 Street Address (P.O. Box Number Is Not Applicable) <b>022 RENAISSANCE POINTE #206</b>
83
84 City <b>Altamonte Springs</b>
FL 85 Zip Code <b>32714</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RUSSELL, THOMAS W.</b>
STREET ADDRESS	<b>917 RED FOX ROAD</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RUSSELL, CAROLE L.</b>
STREET ADDRESS	<b>917 RED FOX ROAD</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KENNEDY, LARRY</b>
STREET ADDRESS	<b>9872 N.LAKE ORLANDO PKWY</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)