

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

FILED

Oct 08 1998 8:00am
 Secretary of State

0006409

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28488

(7)

1. Corporation Name:
 LIFETOUCH MINISTRIES, INC.

Principal Place of Business
 P.O. BOX 162321
 ALTAMONTE SPRINGS FL 32716-9321

Mailing Address
 P.O. BOX 162321
 ALTAMONTE SPRINGS FL 32716-9321



3. Date Incorporated or Qualified: 09/09/1988
4. FEI Number: 59-2906591 Applied For Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [] Yes [] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No
10. Name and Address of New Registered Agent

2. Principal Place of Business
- 21 Suite, Apt. #, etc.
- 22 City & State
- 23 Zip Country
- 24
- 25
- 26 Mailing Address
- 27 Suite, Apt. #, etc.
- 28 City & State
- 29 Zip Country
- 30
9. Name and Address of Current Registered Agent

RUSSELL, THOMAS W.
 622 RENAISSANCE POINTE #206
 ALTAMONTE SPRINGS FL 32714

- 81 Name
- 82 Street Address (P.O. Box Number is Not Acceptable)
- 83
- 84 City
- 85 Zip Code

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: Thomas W. Russell

(NOTE: Registered Agent signature required when reinstating)

9/28/98

12. OFFICERS AND DIRECTORS
- 1.1 TITLE: D [] DELETE
- 1.2 NAME: RUSSELL, THOMAS W.
- 1.3 STREET ADDRESS: 917 RED FOX ROAD
- 1.4 CITY-STATE-ZIP: ALTAMONTE SPRINGS FL
- 2.1 TITLE: D [] DELETE
- 2.2 NAME: RUSSELL, CAROLE L.
- 2.3 STREET ADDRESS: 917 RED FOX ROAD
- 2.4 CITY-STATE-ZIP: ALTAMONTE SPRINGS FL
- 3.1 TITLE: D [] DELETE
- 3.2 NAME: KENNEDY, LARRY
- 3.3 STREET ADDRESS: 3872 N.LAKE ORLANDO PKWY
- 3.4 CITY-STATE-ZIP: ORLANDO FL
- 4.1 TITLE: [] DELETE
- 4.2 NAME:
- 4.3 STREET ADDRESS:
- 4.4 CITY-STATE-ZIP:
- 5.1 TITLE: [] DELETE
- 5.2 NAME:
- 5.3 STREET ADDRESS:
- 5.4 CITY-STATE-ZIP:
- 6.1 TITLE: [] DELETE
- 6.2 NAME:
- 6.3 STREET ADDRESS:
- 6.4 CITY-STATE-ZIP:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
- 1.1 TITLE: [] Change [] Addition
- 1.2 NAME: [] Change [] Addition
- 1.3 STREET ADDRESS: [] Change [] Addition
- 1.4 CITY-STATE-ZIP: [] Change [] Addition
- 2.1 TITLE: [] Change [] Addition
- 2.2 NAME: [] Change [] Addition
- 2.3 STREET ADDRESS: [] Change [] Addition
- 2.4 CITY-STATE-ZIP: [] Change [] Addition
- 3.1 TITLE: [] Change [] Addition
- 3.2 NAME: [] Change [] Addition
- 3.3 STREET ADDRESS: [] Change [] Addition
- 3.4 CITY-STATE-ZIP: [] Change [] Addition
- 4.1 TITLE: [] Change [] Addition
- 4.2 NAME: [] Change [] Addition
- 4.3 STREET ADDRESS: [] Change [] Addition
- 4.4 CITY-STATE-ZIP: [] Change [] Addition
- 5.1 TITLE: [] Change [] Addition
- 5.2 NAME: [] Change [] Addition
- 5.3 STREET ADDRESS: [] Change [] Addition
- 5.4 CITY-STATE-ZIP: [] Change [] Addition
- 6.1 TITLE: [] Change [] Addition
- 6.2 NAME: [] Change [] Addition
- 6.3 STREET ADDRESS: [] Change [] Addition
- 6.4 CITY-STATE-ZIP: [] Change [] Addition

14. 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 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.

SIGNATURE: Thomas W. Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98

407-295-8272

CR2E037 (5/98)