

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90136 025 \*\*\*\*61.25

0013241

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N28488**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	622 Renaissance Pointe # 206	26	622 Renaissance Pointe	09/09/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	# 206	27	# 206	59-2906591	
City & State		City & State		Applied For	
23	Altamonte Springs FL	28	Altamonte Springs FL	Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24	32714	29	32714	\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25	USA	30	USA	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, THOMAS W.	1.2 NAME	
STREET ADDRESS	622 RENAISSANCE POINTE #206	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, CAROLE L.	2.2 NAME	Kimberly Michelle Flanagan
STREET ADDRESS	917 RED FOX ROAD	2.3 STREET ADDRESS	1407 CARRIAGE OAK COURT
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	OCFEE, FL. 34761
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, LARRY	3.2 NAME	
STREET ADDRESS	3872 N.LAKE ORLANDO PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DIRECTOR **4/27/99** 407-295-8272  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)