2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N28488** May 01, 2000 8:00 am 1. Entity Name Secretary of State LIFETOUCH MINISTRIES, INC. 05-01-2000 90483 014 ****61.25 Mailing Address Principal Place of Business 622 RENAISSANCE POINTE 622 RENAISSANCE POINTE # 206 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-3509 2007 韓西區 200 2. Principal Place of Business 626 FRANCES DRIVE 1626 PRANCES DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2906591 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Number is Not Acceptable) RUSSELL, THOMAS W. 622 RENAISSANCE POINTE #206 ALTAMONTE SPRINGS FL 32714 Zip Code 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE Delete TITLE Address RUSSELL, THOMAS W. NAME NAME 1626 FRANCES DRIV STREET ADDRESS STREET ADDRESS 622 RENAISSANCE POINTE #206 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS-FL 32714 Change ☐ Addition ☐ Delete TITLE TITLE D NAME FLANAGAN, KIMBERLY M NAME STREET ADDRESS 1407 CARRIAGE OAK COURT STREET ADDRESS .û) CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 DIRECTOR Change 🗹 Addition Delete TITLE TITLE GERI BRUELI KENNEDY, LARRY NAME NAME 3872 N.LAKE ORLANDO PKWY STREET ADDRESS 1626 FRANCES STREET ADDRESS ... 23 M CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 31.0000 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 poor task as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this t with an address, with a changed, or on an attachme