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05-03-2001 90062 017 ****61.25

DOCUMENT # N28488

1. Entity Name

LIFETOUCH MINISTRIES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1626 FRANÇES DR. 1626 FRANCES DR. APOPKA FL 32703 APOPKA FL 32703 3. Mailing Address 1726 SINGING Thum 2. Principal Place of Business 1726 SINGING PALM Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2906591 HDOPKA Not Applicable Country Countr \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is No Acceptable) THOMAS W RUSSELL, THOMAS W. 622 RENAISSANCE POINTE #206 **ALTAMONTE SPRINGS FL 32714** DODKA 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if appli 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. CR2E037 (10/00) TITLE TITLE Delete Russell, THOMAS W. MZLO SINGING PALM DAVE NAME NAME RUSSELL, THOMAS W. STREET ADDRESS STREET ADDRESS 622 RENAISSANCE POINTE #206 CITY-ST-ZIP CITY - ST-ZIP ALTAMONTE SPRINGS FL 32714 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME FLANAGAN, KIMBERLY M NAME STREET ADDRESS 1407 CARRIAGE OAK COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** TITLE D. Delete TITLE ☐ Change Addition GERI B. RUSSELL NAME KENNEDY, LARRY NAME 1726 SINGING PALM DRIVE STREET ADDRESS 3872 N.LAKE ORLANDO PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if