

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28488

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: LIFETOUCH MINISTRIES, INC.

**Current Principal Place of Business:**

1726 SINGING PALM DR  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1726 SINGING PALM DR  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 59-2906591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSELL, THOMAS W.  
1726 SINGING PALM DR  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

RUSSELL, THOMAS W DIRECTO  
1726 SINGING PALM DR  
APOPKA, FL 32712 US

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: THOMAS W. RUSSELL

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RUSSELL, THOMAS W.,  
Address: 1726 SINGING PALM DR  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: FLANAGAN, KIMBERLY M  
Address: 1407 CARRIAGE OAK COURT  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: RUSSELL, GERI B  
Address: 1726 SINGING PALM DR  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RUSSELL, THOMAS W DIRECTO  
Address: 1726 SINGING PALM DR  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. RUSSELL

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date