## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000223

SMITH, DOY

30857 COUNTY RD 54

WESLEY CHAPEL, FL 33543

Name:

Address:

City-St-Zip:

Entity Name: TOUCHING LIVES MINISTRIES, INC.

FILED May 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O FIRST BAPTIST CHURCH 38231 8TH AVENUE ZEPHYRHILLS, FL 33542 **New Mailing Address: Current Mailing Address:** C/O FIRST BAPTIST CHURCH 38231 8TH AVENUE ZEPHYRHILLS, FL 33542 FEI Number: 59-3162393 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ODOM, STEPHEN T **38231 8TH AVENUE** ZEPHYRHILLS, FL 33542 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BARRENTINE, RONALD Name: Name: Address: 34540 APPALOOSA Address: City-St-Zip: ZEPHYRHILLS, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: POTTER, THOMAS E Name: Address: 7735 SHANNON LANE Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: Title: TCP () Delete Title: () Change () Addition EVANS, GEORGE Name: Name: Address: 6917 LUM DR. Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: CHRISTY, DONALD P Name: Address: 34135 TREE LAKE DR. Address: City-St-Zip: ZEPHYRHILLS, FL 33543 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOY SMITH MR. 05/20/2004