

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 31, 2006
Secretary of State

DOCUMENT# N93000000223

Entity Name: TOUCHING LIVES MINISTRIES, INC.**Current Principal Place of Business:**38231 5TH AVE
C/O FIRST BAPTIST CHURCH
ZEPHYRHILLS, FL 33542**New Principal Place of Business:****Current Mailing Address:**C/O FIRST BAPTIST CHURCH
38231 5TH AVENUE
ZEPHYRHILLS, FL 33542**New Mailing Address:****FEI Number:** 59-3162393**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILSON, JAMES M
38642 EVELYN LN
ZEPHYRHILLS, FL 33542 US**Name and Address of New Registered Agent:**

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:**Title:** TS () Delete
Name: BARRENTINE, RONALD
Address: 34540 APPALOOSA
City-St-Zip: ZEPHYRHILLS, FL**Title:** T () Delete
Name: FORRESTER, TODD
Address: 33445 TAMMY LANE
City-St-Zip: ZEPHYRHILLS, FL 33543**Title:** T () Delete
Name: MAGGARD, RANDY
Address: 37518 GEIGER ROAD
City-St-Zip: ZEPHYRHILLS, FL 33541**Title:** T () Delete
Name: CHRISTY, DONALD P
Address: 34135 TREE LAKE DR.
City-St-Zip: ZEPHYRHILLS, FL 33543**Title:** TD () Delete
Name: WILSON, JAMES
Address: 38642 EVELYN LN
City-St-Zip: ZEPHYRHILLS, FL 33542**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: WHALEY, FREDERICK
Address: 653 TIMBER BAY CIRCLE E.
City-St-Zip: OLDSMAR, FL 34677**Title:** T (X) Change () Addition
Name: SNEDEKER, FARAN
Address: 38620 MONET DR.
City-St-Zip: ZEPHYRHILLS, FL 33540**Title:** TD (X) Change () Addition
Name: WILSON, JAMES M
Address: 38642 EVELYN LN
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES M. WILSON

TD

08/31/2006

Electronic Signature of Signing Officer or Director

Date