

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**

DOCUMENT# N93000000223

**Aug 31, 2006  
Secretary of State****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, FLTitle: T ( ) Delete  
Name: FORRESTER, TODD  
Address: 33445 TAMMY LANE  
City-St-Zip: ZEPHYRHILLS, FL 33543Title: T ( ) Delete  
Name: MAGGARD, RANDY  
Address: 37518 GEIGER ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33541Title: T ( ) Delete  
Name: CHRISTY, DONALD P  
Address: 34135 TREE LAKE DR.  
City-St-Zip: ZEPHYRHILLS, FL 33543Title: 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 34677Title: T (X) Change ( ) Addition  
Name: SNEDEKER, FARAN  
Address: 38620 MONET DR.  
City-St-Zip: ZEPHYRHILLS, FL 33540Title: 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 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