

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 07, 2001 8:00 am
Secretary of State

03-01-2001 90019 009 ****61.25

DOCUMENT # N96000001196

1. Entity Name

LIVES TOUCHING LIVES, INC.

Principal Place of Business

3963 NO. FLORIDA AVENUE
LAKELAND FL 33905

Mailing Address

P.O. BOX 812900
DALLAS TX 75261
US

2. Principal Place of Business

1540 GULF BLVD

3. Mailing Address

Box 25163

Suite, Apt. #, etc.

PH 4

Suite, Apt. #, etc.

PH 4

City & State

Clearwater FL

City & State

Tampa FL

Zip

33767

Country

USA

Zip

33623

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3394579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAERNEY, ZONNYA DR.
3963 NO. FLORIDA AVENUE
LAKELAND FL 33905

change

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Dr. Zonnya LaFerne - President 2-26-2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE *D* *D VICE PRESIDENT* ☐ Delete
NAME BEKE, STEVE
STREET ADDRESS 2131 DREW STREET
CITY-ST-ZIP CLEARWATER FL 33575

TITLE *D* *TREASURER* ☐ Delete
NAME LAERNEY, J L
STREET ADDRESS P.O. BOX 91241 N/A
CITY-ST-ZIP LAKELAND FL

TITLE *D* *ADVISOR* ☒ Delete
NAME BURNSIDE, PATI
STREET ADDRESS 510 LAKE ROAD SE
CITY-ST-ZIP LANCASTER OH 43130

TITLE *D* *ADVISOR* ☐ Delete
NAME LORDAN, DIANE
STREET ADDRESS 84 ABINGTON ROAD
CITY-ST-ZIP DANVERS MA 01923

TITLE *D* *PRESIDENT* ☐ Delete
NAME *DR. Zonnya LaFerne*
STREET ADDRESS *1540 Gulf Blvd PH 4*
CITY-ST-ZIP *Clearwater, FL 33767*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* *CHERYL COFFEY* ☐ Change ☒ Addition
NAME *6007 Heathington*
STREET ADDRESS *Hillington, TX 76017*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. Zonnya LaFerne / Zonnya LaFerne 2-26-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)