

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90027 047 ****61.25

DOCUMENT # N96000001196

1. Entity Name

LIVES TOUCHING LIVES, INC.

Principal Place of Business

1540 GULF BLVD
 PH 4
 CLEARWATER FL 33767

Mailing Address

BOX 25163
 TAMPA FL 33623
 US

2. Principal Place of Business

3 SEASIDE LN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

501

City & State

Belleair

City & State

Zip

32

Country

33754

Zip

Country

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

LAFFERNEY, ZONNYA DR.
 3963 NO. FLORIDA AVENUE
 LAKELAND FL 33805

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

Zonny Lafferney

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-07-02

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 DVP ☐ Delete
 NAME BEKE, STEVE
 STREET ADDRESS 2131 DREW STREET
 CITY-ST-ZIP CLEARWATER FL 33575

TITLE DT ☐ Delete
 NAME LAFFERNEY, J L
 STREET ADDRESS P.O. BOX 91241 N/A
 CITY-ST-ZIP LAKELAND FL

TITLE SD ☐ Delete
 NAME COFFEE, CHERYL
 STREET ADDRESS 6007 HEATHERGLEN
 CITY-ST-ZIP ARLINGTON TX 76017

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

TITLE DP ☐ Delete
 NAME LATENNAY, ZONNYA DR
 STREET ADDRESS 1540 GULF BLVD PH 4
 CITY-ST-ZIP CLEARWATER FL 33623

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 ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-07-02

CR2E037 (9/01)