

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90537 005 ****61.25

DOCUMENT # N96000001196

1. Entity Name
LIVES TOUCHING LIVES, INC.



Principal Place of Business
**3 SEASIDE LN
#501
BELLEAIR, FL 33756**

Mailing Address
**BOX 25163
TAMPA, FL 33623 US**

50046396



2. Principal Place of Business

1370 GULF BLVD

3. Mailing Address

1370 GULF BLVD

Suite, Apt. #, etc.

#802

Suite, Apt. #, etc.

#802

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767

Country

Zip

33767

Country

04202005

Chg-NP

CR2E037 (10/03)

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

**LAFERNEY, ZONNYA DR.
3 SEASIDE LN #501
BELLEAIR, FL 33756**

7. Name and Address of New Registered Agent

Name

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

1370 GULF BLVD

#802

City

CLEARWATER

FL

Zip Code

33767

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida 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 **LAFERNEY, J L**
STREET ADDRESS **P.O. BOX 91241 N/A**
CITY-ST-ZIP **LAKELAND, FL 33804**

TITLE **SD** ☐ Delete
NAME **TRIMM, PATRICIA**
STREET ADDRESS **1282 JASMINE WAY**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **DA** ☐ Delete
NAME **LORDAN, DIANE**
STREET ADDRESS **500 ESSEX ST**
CITY-ST-ZIP **SOUTH HAMILTON, MA 01982**

TITLE **OP** ☐ Delete
NAME **LA FERNEY, ZONNYA DR**
STREET ADDRESS **3 SEASIDE LN. #501**
CITY-ST-ZIP **BELLEAIR, FL 33756**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1370 GULF BLVD #802**
CITY-ST-ZIP **CLEARWATER FL 33767**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 04-15-2005