

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90131 045 \*\*\*\*61.25

<b>DOCUMENT # N96000001196</b>	
1. Entity Name <b>LIVES TOUCHING LIVES, INC.</b>	



Principal Place of Business <b>1370 GULF BLVD #802 CLEARWATER BEACH, FL 33767</b>	Mailing Address <b>PO BOX 25163 TAMPA, FL 33623 US</b>
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40092960



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>LAFERNEY, ZONNYA DR. 1370 GULF BLVD #802 CLEARWATER BEACH, FL 33767</b>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BEKE, STEVE <input checked="" type="checkbox"/> Delete 2131 DREW STREET CLEARWATER, FL 33575	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RENEE BUTLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 260 LAKE LINK RD SE WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LAFERNEY, J L <input type="checkbox"/> Delete P.O. BOX 91241 N/A LAKELAND, FL 33804	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRIMM, PATRICIA <input checked="" type="checkbox"/> Delete 3201 CANTERBURY LANE LARGO, FL 33770	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHERYL TURNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2230 RIDGE DR #16 ST. LOUIS PARK, MN 55416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LORDAN, DIANE <input type="checkbox"/> Delete 500 ESSEX ST SOUTH HAMILTON, MA 01982	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LA FERNEY, ZONNYA DR <input type="checkbox"/> Delete 1370 GULF BLVD #802 CLEARWATER BEACH, FL 33767	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LA GARZA, JUDY <input type="checkbox"/> Delete 401 HOGANS DR. ROANOKE, TX 76262	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TROPHY CLUB, TX 76262

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Larry Laferney **4-28-** **4-28-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #