

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 029 ****61.25

DOCUMENT # N98000002891

1. Corporation Name

A LIFE TOUCHED BY HIM, INC.

Principal Place of Business

851 E UNIVERSITY AVE
ORANGE CITY FL 32763

Mailing Address

851 E UNIVERSITY AVE
ORANGE CITY FL 32763



2. Principal Place of Business

21 2045 La Valley Lane

Suite, Apt. #, etc.

22

City & State

23 Deland, FL

Zip

24 32720

Country

25 VOLUSIA

2a. Mailing Address

26 2045 LA VALLEY LANE

Suite, Apt. #, etc.

27

City & State

28 Deland, FL

Zip

29 32720

Country

30 VOLUSIA

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

WILLIAMS, SUSAN J
5200 S US HWY 17-92
CASSELBERRY FL 32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MANCHESTER, RICHARD R

STREET ADDRESS 851 E UNIVERSITY AVE

CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VD ☐ DELETE

NAME ELDRIDGE, ANTHONY L

STREET ADDRESS 1059 GALGANO AVE

CITY-ST-ZIP DELONA FL 32725

TITLE STD ☐ DELETE

NAME MANCHESTER, BAMBI L

STREET ADDRESS 851 E UNIVERSITY AVE

CITY-ST-ZIP ORANGE CITY FL 32763

TITLE D ☒ DELETE

NAME COLLINS, ANN

STREET ADDRESS 225 E ROBERTS

CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2045 LaValley Lane

1.4 CITY-ST-ZIP Deland, FL 32720

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2045 LaValley Lane

3.4 CITY-ST-ZIP Deland, FL 32720

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as 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 #

CR2E037 (5/99)