

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90682 022 \*\*\*\*70.00

**DOCUMENT # P37754**

1. Entity Name

**LOVING TOUCH CENTER, INC.**



Principal Place of Business

**43 NO. STREET  
BAYFIELD CO 81122**

Mailing Address

**P.O. BOX 1339  
BAYFIELD CO 81122**

2. Principal Place of Business

**215 REDFIELD LANE**

3. Mailing Address

**PO BOX 171**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CALLAWAY**

**CALLAWAY**

City & State

City & State

**VA.**

**VA**

Zip

Country

Zip

Country

**24067**

**USA**

**24067**

**USA**

6. Name and Address of Current Registered Agent

**FARBIASH, MYRNA, REV.  
3160 STIRLING ROAD  
HOLLYWOOD FL 33021**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete  
NAME **STRAUSS, SAMUEL R**  
STREET ADDRESS **P.O. BOX 1339 N/A**  
CITY-ST-ZIP **BAYFIELD CO 81122**

TITLE **VCS** ☐ Delete  
NAME **STRAUSS, ANITA A., REV.**  
STREET ADDRESS **P.O. BOX 1339 N/A**  
CITY-ST-ZIP **BAYFIELD CO 81122**

TITLE **D** ☐ Delete  
NAME **FARBIASH, MYRNA, REV.**  
STREET ADDRESS **3160 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete  
NAME **FARBIASH, EUGENE, REV.**  
STREET ADDRESS **3160 STIRLING ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCD** ☒ Change ☐ Addition  
NAME **REV. SAMUEL STRAUSS**  
STREET ADDRESS **PO BOX 171**  
CITY-ST-ZIP **CALLAWAY, VA 24067**

TITLE **VCS** ☒ Change ☐ Addition  
NAME **REV. ANITA A. STRAUSS**  
STREET ADDRESS **PO BOX 171**  
CITY-ST-ZIP **CALLAWAY, VA 24067**

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

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 REQUIRED

**Myrna Farbiash 3/16/03 9549814992**

CR2E037 (10/02)