

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003363

FILED
Jul 07, 2006
Secretary of State

Entity Name: TOUCH OF LOVE COMMUNITY OUTREACH CENTER, INC.

Current Principal Place of Business:

600 WASHINGTON AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

15050 PIERCE STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 06-1723253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, CHRISTINA O
15050 PIERCE STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ROBINSON, CHRISTINA O
Address: 15050 PIERCE STREET
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: GRIFFITHS, LYNETTE D
Address: 9281 STRELING DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: GRIFFITHS, DAMON
Address: 9281 STERLING DRIVE
City-St-Zip: MIAMI, FL 33157

Title: BM () Delete
Name: WILLIAMS, NORMAN
Address: 10581 S.W. 180TH STREET
City-St-Zip: MIAMI, FL 33157

Title: BM () Delete
Name: JOHNSON, ANNETTE
Address: 810 NW 6TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: BM () Delete
Name: BLAKE, SYLVIA MS.
Address: 14601 SW 297TH STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA ROBINSON

CEO

07/07/2006

Electronic Signature of Signing Officer or Director

_____ Date