


# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003597	
1. Entity Name SECOND TOUCH MINISTRIES, INC.	

Principal Place of Business 46 ACE HIGH STABLES RD CRAWFORDVILLE, FL 32327	Mailing Address 46 ACE HIGH STABLES RD CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE


FILED

12 FEB -7 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

300220795063

02/07/12--01005--026 \*\*70.00



02072012 No Chg-NP CR2E037 (12/11)

4. FEI Number 59-3650007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MCFADDEN, JR, ALLAN E 46 ACE HIGH STABLES RD CRAWFORDVILLE, FL 32327	DO NOT WRITE IN THIS SPACE
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 	DATE <u>2/7/12</u>
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(NOTE: Registered Agent signature required when re-registering)

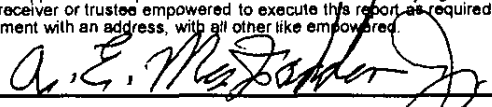
Filing Fee is \$61.25 Due by May 1, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, CHARLES E 2010 REGISTER ROAD TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, HENRY REV. 2763 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLADE, TOM 89 CORBETT LANE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VICK, DAVID 113 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCFADDEN, ALLAN JR 46 ACE HIGH STABLES RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RAYMOND 8890 MEAGAN LANE TALLAHASSEE, FL 32309

DO NOT WRITE  
IN THIS SPACE



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:  DATE 2/7/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS