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

FILED

03 MAY -5 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008033

1. Entity Name

Touch of Direction, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6022A SW 32 Street	6022A SW 32 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33023 Country: U.S.A.	Zip: 33023 Country: USA

4. FEI Number: 65-0799100 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Norma Gordon

Street Address (P.O. Box Number is Not Acceptable): 17623 SW 18th St.

City: Miramar **FL** Zip Code: 33029

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.

SIGNATURE: Norma Gordon
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	400009149664
NAME	Norma Gordon	NAME	11/21/02--01063--005 **61.25
STREET ADDRESS	6022A SW 32nd St.	STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33023	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	400009149664
NAME	Orville Walker	NAME	05/05/03--01057--013 **236.25
STREET ADDRESS	6022A SW 32nd St.	STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33023	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Ruth Dorce	NAME	**DO NOT WRITE**
STREET ADDRESS	6022A SW 32nd St	STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33023	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	**IN THIS SPACE**
NAME	Dameon Gordon	NAME	
STREET ADDRESS	6022A SW 32nd St.	STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33023	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Norma Gordon 11/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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