

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90092 048 ****61.25

DOCUMENT # N02000009615

1. Entity Name
TOUCHING TOMORROW, INC.



Principal Place of Business
**2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566**

Mailing Address
**2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
22-3890125

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**GOLD, AARON J ESQ
202 S. ROME AVE, SUITE 100
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name

Raulerson, Daniel D CPA

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

600 W. Dr. MLKing Jr. Blvd.

Plant City, Fl. 33563

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

Daniel D. Raulerson

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **D** ☐ Delete
NAME **CLOSSHEY, JENNIFER E**
STREET ADDRESS **2111 N GOLFVIEW DR**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☐ Delete
NAME **CLOSSHEY, CHARLEENE N**
STREET ADDRESS **2111 N GOLFVIEW DR**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☐ Delete
NAME **CLOSSHEY, CHARLES P**
STREET ADDRESS **2111 N GOLFVIEW DR**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer E. Closshey

813-754-5350

Date

Daytime Phone #