

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 15, 2005
Secretary of State**

DOCUMENT# N04000003363

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:**9281 STERLING DRIVE
MIAMI, FL 33157**New Mailing Address:**15050 PIERCE STREET
MIAMI, FL 33176

FEI Number: 06-1723253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:GRIFFITHS, LYNETTE D
9281 STERLING DRIVE
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**ROBINSON, CHRISTINA O
15050 PIERCE STREET
MIAMI, FL 33176 US

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: CHRISTINA ROBINSON

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: CEO () Delete
Name: GRIFFITHS, LYNETTE
Address: 9281 STERLING DRIVE
City-St-Zip: MIAMI, FL 33157Title: VP () Delete
Name: ROBINSON, CHRISTINA
Address: 15050 PIERCE STREET
City-St-Zip: MIAMI, FL 33176Title: D () Delete
Name: GRIFFITHS, DAMON
Address: 9281 STERLING DRIVE
City-St-Zip: MIAMI, FL 33157Title: BM () Delete
Name: BROOKS, ROBERT J
Address: 17821 SW 112TH PLACE
City-St-Zip: MIAMI, FL 33157Title: BM () Delete
Name: JOHNSON, ANNETTE
Address: 810 NW 6TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030Title: BM () Delete
Name: BLAKE, SYLVIA MS.
Address: 14601 SW 297TH STREET
City-St-Zip: HOMESTEAD, FL 33030**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: CEO (X) Change () Addition
Name: ROBINSON, CHRISTINA O
Address: 15050 PIERCE STREET
City-St-Zip: MIAMI, FL 33176Title: VP (X) Change () Addition
Name: GRIFFITHS, LYNETTE D
Address: 9281 STERLING DRIVE
City-St-Zip: MIAMI, FL 33157Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: BM (X) Change () Addition
Name: WILLIAMS, NORMAN
Address: 10581 S.W. 180TH STREET
City-St-Zip: MIAMI, FL 33157Title: () 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 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 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 O.

CEO

04/15/2005

Electronic Signature of Signing Officer or Director

Date