

# 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:**

**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: \_\_\_\_\_

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