

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003363

FILED
May 28, 2009
Secretary of State

Entity Name: TOUCH OF LOVE COMMUNITY OUTREACH CENTER, INC.

Current Principal Place of Business:

17409 SOUTH DIXIE HIGHWAY
PALMETO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

15900 SW 102 AVENUE
MIAMI, FL 33157

New Mailing Address:

11049 SW 226 TERRACE
MIAMI, FL 33170

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:

ROBINSON, CHRISTINA O
15900 SW 102 AVENUE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

ROBINSON, CHRISTINA O
11049 SW 226 TERRACE
MIAMI, FL 33170 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: _____

05/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, CHRISTINA O
Address: 15900 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: WILLIAMS, KENNETH
Address: 2731 SE 12TH PLACE, UNIT 105
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: JOHNSON, ANNETTE
Address: 810 NW 6TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: BM () Delete
Name: WILLIAMS, NORMAN
Address: 10581 S.W. 180TH STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBINSON, CHRISTINA O
Address: 11049 SW 226 TERRACE
City-St-Zip: MIAMI, FL 33170

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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

P

05/28/2009

Electronic Signature of Signing Officer or Director

Date