

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003363

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** TOUCH OF LOVE INTERNATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

17409 SOUTH DIXIE HIGHWAY  
PALMETO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

11049 SW 226 TERRACE  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 06-1723253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, CHRISTINA O  
11049 SW 226 TERRACE  
MIAMI, FL 33170 US

**Name and Address of New Registered Agent:**

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:** P  
**Name:** ROBINSON, KEITH J  
**Address:** 11049 SW 226 TERRACE  
**City-St-Zip:** MIAMI, FL 33170

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTINA ROBINSON

RA

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date