

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004221

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TOUCH A HEART FOUNDATION, INC.

**Current Principal Place of Business:**

13001 OLD SHERIDAN RD  
SUNSHINE RANCHES, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

13001 OLD SHERIDAN RD  
SUNSHINE RANCHES, FL 33330

**New Mailing Address:**

**FEI Number:** 20-1073630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERLMAN, ALAN ESQ  
350 EAST LAS OLAS BLVD  
STE 1700  
FORT LAUDERDALE, FL 33301 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:** PTD  
**Name:** PERLMAN, DEBORAH  
**Address:** 13001 OLD SHERIDAN RD  
**City-St-Zip:** SUNSHINE RANCHES, FL 33330

**Title:** VSD  
**Name:** PERLMAN, ALAN  
**Address:** 13001 OLD SHERIDAN RD  
**City-St-Zip:** SUNSHINE RANCHES, FL 33330

**Title:** D  
**Name:** SAMUELS, LORI  
**Address:** 13001 OLD SHERIDAN RD  
**City-St-Zip:** SUNSHINE RANCHES, FL 33330

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:** PERLMAN, DEBORAH

PTD

04/27/2011

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

\_\_\_\_\_  
Date