

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005478

FILED
Jan 14, 2009
Secretary of State

Entity Name: TOUCH OF HOPE CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

1665 MCNAB 7 PLAZA
LAUDERHILL, FL 33319

New Principal Place of Business:

6150 NW 11TH STREET
SUNRISE, FL 33313

Current Mailing Address:

2831 SOMERSET DRIVE
BUILDING B APT. #208
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: 26-0275049 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PREMIER FINANCIAL SERVICES GROUP, INC.
5649 NW 84TH TERRACE
TAMARAC, FL 33351 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 () Delete
Name: MILLER, ISRAEL
Address: 2831 SOMERSET DRIVE BLDG B APT#208
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: VP () Delete
Name: MILLER, CENTILIA
Address: 2831 SOMERSET DRIVE BLDG B APT#208
City-St-Zip: LAUDERDALE LAKES, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CENTILIA MILLER

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date