

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08 1998 8:00am
Secretary of State

DOCUMENT # N37939

(8)

1. Corporation Name

TOUCH OF CLASS SINGLES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2854
WINTER HAVEN FL 33883

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WINTER HAVEN FL 33883

3. Date Incorporated or Qualified

05/01/1990

4. FEI Number

59-2363582

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

BALL, DREW
550 ROCHELLE AVE.
P.O. BOX 1123
WINTER HAVEN FL 33882

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHASE, DON	
STREET ADDRESS	502 SIDNEY CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRAPF, ESTHER	
STREET ADDRESS	701 AVE T, SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CREEK, NANCY	
STREET ADDRESS	P.O. BOX 1019 N/A	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, MARY R.	
STREET ADDRESS	2226 AVE. A, N.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUFFNER, MARY	
STREET ADDRESS	2125 REYNOLDS RD., LOT 1	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONIT, DEE	
STREET ADDRESS	660 W. LAKE HOWARD DR. 3D	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SWANK, JERRY	
1.3 STREET ADDRESS	5036 AVON	
1.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CREEK, NANCY	
2.3 STREET ADDRESS	2813 COUNTRY CLUB RD, N.	
2.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BAKER, SUSAN	
3.3 STREET ADDRESS	745 AVE A, SW #1101	
3.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33880	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FILLO, DORIS	
6.3 STREET ADDRESS	2401 AVE A TERR, N.W.	
6.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33880	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)