

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90022 035 ****61.25

342/59 - 90022 - 35

DOCUMENT # N37939

1. Corporation Name

TOUCH OF CLASS SINGLES, INC.

Principal Place of Business

P.O. BOX 2854
WINTER HAVEN FL 33883

Mailing Address

P.O. BOX 2854
WINTER HAVEN FL 33883



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/01/1990

4. FEI Number

59-2363582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VD**
SWANK, JERRY
STREET ADDRESS **5036 AVON**
CITY-ST-ZIP **LAKE WALES FL 33853**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD**
CHEEK, NANCY
STREET ADDRESS **2813 COUNTRY CLUB RD N**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **SD**
BAKER, SUSAN
STREET ADDRESS **745 AVE A SW 1101**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **D**
ADAMS, MARY R.
STREET ADDRESS **2226 AVE. A, N.W.**
CITY-ST-ZIP **WINTER HAVEN FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **TD**
RUFFNER, MARY
STREET ADDRESS **2125 REYNOLDS RD., LOT 1**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **VD**
FILO, DORIS
STREET ADDRESS **2401 AVE A TERR NW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DONNA ETZEL 4-9-99 941-533-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)