

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90045 034 ****61.25

DOCUMENT # N37939 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2363582				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALL, DREW 550 ROCHELLE AVE. P.O. BOX 1123 WINTER HAVEN, FL 33882			7. Name and Address of New Registered Agent Name SONDRA COLE Street Address (P.O. Box Number is Not Acceptable) 166 ZERMATT DRIVE City WINTER HAVEN FL Zip Code 33881		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SONDRA COLE <i>Sondra Cole</i> DATE 2-25-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANK, JERRY 5036 AVON LAKE WALES, FL 33853		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEK, NANCY 2813 COUNTRY CLUB RD N WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONNA ETZEL 1078 SUNSHINE WINTER HAVEN FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUNNINGHAM, CAROL 107 MATTIE CT AUBURNDALE, FL 33823		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGGS, DON 152 ZERMATT DR WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALYCE DAVIS 104 BRIDGET LANE AUBURNDALE FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAMILTON, OUIDA 125 AVENUE C SE WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILO, DORIS 2401 AVE A TERR NW WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Donna Etzel <i>Donna Etzel</i> DATE 2-25-04 585-9688 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR					