

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90159 009 ****61.25

OC 302

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

3. Mailing Address

Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	SWANK, JERRY	
STREET ADDRESS	5036 AVON	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEEK, NANCY	
STREET ADDRESS	2813 COUNTRY CLUB RD N	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, CAROL	
STREET ADDRESS	107 MATTIE CT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRIGGS, DON	
STREET ADDRESS	152 ZERMATT DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	C	<input type="checkbox"/> Delete
NAME	HAMILTON, OUIDA	
STREET ADDRESS	125 AVENUE C SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILO, DORIS	
STREET ADDRESS	2401 AVE A TERR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carol A. Cunningham* **Carol A. Cunningham** 1/23/03 863-984-4516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)