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Apr 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000002533 (7)

1. Corporation Name

TOUCH OF HOPE CHRISTIAN MINISTRIES, CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

~~500 RANBLEWOOD DR~~
~~CORAL SPRINGS FL 33071~~
~~US~~

8222 WILES RD
STE 273
CORAL SPRINGS FL 33067
US

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

65-0481563

Applied For

Not Applicable

2. Principal Place of Business

21 10235 W. Sample Rd

2a. Mailing Address

26 Suite, Apt. #, etc.

22

27 Suite, Apt. #, etc.

City & State

23 Coral Springs, FL

City & State

24 Zip 33065

25 Country USA

28 Zip

29 Country

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

10. Name and Address of New Registered Agent

FOSTER-GRANT, PAULINE
8222 WILES RD.
SUITE 273
CORAL SPRINGS FL 33067-1800

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

Pauline Foster-Grant

PAULINE FOSTER-GRANT

4/16/98

(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 PD ☐ DELETE
NAME FOSTER-GRANT, JOHN
STREET ADDRESS 8190 NW 40 STREET
CITY - ST - ZIP CORAL SPRINGS FL 33065

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME FOSTER-GRANT Pauline
1.3 STREET ADDRESS 8190 NW 40 ST
1.4 CITY - ST - ZIP Coral Springs, FL 33065

TITLE VTD ☐ DELETE
NAME FOSTER-GRANT, PAULINE
STREET ADDRESS 8222 WILES ROAD SUITE 273
CITY - ST - ZIP CORAL SPRINGS FL 33067

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Sutton, Sandra
2.3 STREET ADDRESS 8415 Forest Hills Dr #207
2.4 CITY - ST - ZIP Coral Springs, FL 33065

TITLE SD ☒ DELETE
NAME HARRISON, RENEE
STREET ADDRESS 7801 COLONY CIRCLE SO. #10-201
CITY - ST - ZIP TAMARAC FL 33321

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE TD ☐ Change ☒ Addition
6.2 NAME William Sutton
6.3 STREET ADDRESS 8415 Forest Hills Dr #207
6.4 CITY - ST - ZIP Coral Springs, FL 33065

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:

Pauline Foster-Grant

PAULINE FOSTER-GRANT 4/16/98

654344290

CR2E037 (10/97)