

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002533

FILED
Apr 25, 2005
Secretary of State

Entity Name: TOUCH OF HOPE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

6002 KIMBERLY BLVD.
N. LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

273 SOUTH SR 7
SUITE 277
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 65-0481563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER-GRANT, PAULINE
273 SOUTH SR 7
SUITE 277
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

GRIFFIN, MARCIA
273 SOUTH SR 7
SUITE 277
MARGATE, FL 33068 US

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.

SIGNATURE: PAULINE FOSTER-GRANT

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER-GRANT, JOHN S BISHOP
Address: 273 SOUTH SR 7 #277
City-St-Zip: MARGATE, FL 33068 US

Title: VPD () Delete
Name: FOSTER-GRANT, PAULINE E BISHOP
Address: 273 SOUTH SR 7 #277
City-St-Zip: MARGATE, FL 33068 US

Title: TD () Delete
Name: GRIFFIN, MARCIA A EVAN
Address: 273 SOUTH SR 7 #277
City-St-Zip: MARGATE, FL 33068 US

Title: SD () Delete
Name: CHERRY, ROZANNA M PASTOR
Address: 273 SOUTH STATE ROAD 7, #277
City-St-Zip: MARGATE, FL 33068 US

Title: MD () Delete
Name: CHERRY, WILLIAM T BISHOP
Address: 273 SOUTH SR 7 #277
City-St-Zip: MARGATE, FL 33068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FOSTER-GRANT

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date