

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000002533

FILED
Jul 20, 2008
Secretary of State

Entity Name: TOUCH OF HOPE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

125 SOUTH STATE ROAD 7
104-119
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

125 SOUTH STATE ROAD 7
104-119
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0481563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRIFFIN, MARCIA
125 SOUTH STATE ROAD 7
104-119
ROYAL PALM BEACH, FL 33411 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: MARCIA GRIFFIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER-GRANT, JOHN S BISHOP
Address: 125 SOUTH STATE ROAD 7, #104-119
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VPD () Delete
Name: FOSTER-GRANT, PAULINE E BISHOP
Address: 125 SOUTH STATE ROAD 7, #104-119
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: TD () Delete
Name: GRIFFIN, MARCIA A EVAN
Address: 125 SOUTH STATE ROAD 7, #104-119
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: SD () Delete
Name: CHERRY, ROZANNA M PASTOR
Address: 125 SOUTH STATE ROAD 7, #104-119
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MD () Delete
Name: CHERRY, WILLIAM T BISHOP
Address: 125 SOUTH STATE ROAD 7, #104-119
City-St-Zip: ROYAL PALM BEACH, FL 33411 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 exemption stated in Chapter 119, 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: MARCIA GRIFFIN

TD

07/20/2008

Electronic Signature of Signing Officer or Director

Date