

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90111 017 ****61.25

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1. Corporation Name

IN-TOUCH COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

2683 N.W. 24TH CT.
FT. LAUDERDALE FL 33311

Mailing Address

2683 N.W. 24TH CT.
FT. LAUDERDALE FL 33311



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0754720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TUCKER, MATTIE
2683 N.W. 24TH CT.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME TUCKER, MATTIE
STREET ADDRESS 2683 N.W. 24TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE SD ☐ DELETE

NAME BALDWIN, HEATH
STREET ADDRESS 4267 S. SEMERON BLVD.
CITY-ST-ZIP ORLANDO FL 33311

TITLE TD ☐ DELETE

NAME BALDWIN, LORENZO
STREET ADDRESS 1923 EAST AVION ST.
CITY-ST-ZIP ONTARIO CA 91761

TITLE D ☐ DELETE

NAME WALTON, LEVONIA
STREET ADDRESS 2632 N.W. 10TH ST.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ DELETE

NAME JONES, JEANNIE
STREET ADDRESS 4970 N.W. 12TH ST.
CITY-ST-ZIP LAUDERHILL FL 33312

TITLE D ☐ DELETE

NAME FROST, CONNIE
STREET ADDRESS 3730 N.E. 12TH AVE.
CITY-ST-ZIP POMPANO BEACH FL 33064

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

730-7855

Daytime Phone #

CR2E037 (11/98)