

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002865

1. Entity 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 33311-2819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0754720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TUCKER, MATTIE	
STREET ADDRESS	2683 N.W. 24TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALDWIN, HEATH	
STREET ADDRESS	4267-S. SEMERON BLVD.	
CITY-ST-ZIP	ORLANDO FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALDWIN, LORENZO	
STREET ADDRESS	1923 EAST AVION ST.	
CITY-ST-ZIP	ONTARIO CA 91761	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, LEVONIA	
STREET ADDRESS	2632 N.W. 10TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JEANNIE	
STREET ADDRESS	4970 N.W. 12TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	FROST, CONNIE	
STREET ADDRESS	3730 N.E. 12TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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:

*Mattie Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

730-7855  
Date Daytime Phone #

FILED  
Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90036 022 \*\*\*\*61.25

020029



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)