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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N98000001406**

1. Corporation Name

TOUCHING MIAMI WITH LOVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
46 NE 6TH STREET MIAMI FL 33132	46 NE 6TH STREET MIAMI FL 33132

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 03/09/1998 4. FEI Number 65-0831654 ☐ 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

WYNN, LARRY
46 NE 6TH STREET
MIAMI FL 33132

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Patrick Anderson		1.2 NAME		
STREET ADDRESS	820 McDonald Street		1.3 STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33801		1.4 CITY-ST-ZIP		
TITLE	VP/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Jack Gryder		2.2 NAME		
STREET ADDRESS	5660 Pinetree Drive		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami Beach, FL 33140		2.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Jenisu Ansley		3.2 NAME		
STREET ADDRESS	1125 SW 100 Court		3.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33174		3.4 CITY-ST-ZIP		
TITLE	T/D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Carl Margenau		4.2 NAME		
STREET ADDRESS	9130 Sunset Drive		4.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33173		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Evelyn Evans		5.2 NAME		
STREET ADDRESS	515 Caligula		5.3 STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33146		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Tony Ponceti		6.2 NAME		
STREET ADDRESS	8367 NW 12th Street		6.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33126		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jenisu Ansley **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jenisu Ansley, Secretary

Date 4/22/99

Daytime Phone # 305-221-8808