## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001406

Entity Name: TOUCHING MIAMI WITH LOVE MINISTRIES, INC.

FILED Mar 18, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 46 NE 6TH STREET 711 NW 6TH AVENUE MIAMI, FL 33132 MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** 46 NE 6TH STREET PO BOX 013279 MIAMI, FL 33132 MIAMI, FL 33101 FEI Number: 65-0831654 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORTER, D STEVEN PORTER, D STEVEN 46 NE 6TH STREET 711 NW 6TH AVENUE MIAMI, FL 33132 MIAMI, FL 33136 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: D. STEVEN PORTER 03/18/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MULDER, ANNE Name: Name: 6080 SW 28TH ST Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: () Change () Addition FRANKLIN, TOM Name: Name: Address: 401 NW 2ND AVE. STE N-1007 Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIX, LUANN Name: Name: 370 GRAND CONCOURSE Address: Address: City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: BIGGS, VICTOR Name: Address: PO BOX 350370 Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: () Delete Title: () Change () Addition ANSLEY, JENISU Name: Name: 1125 SW 100 CT Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: Title: () Delete Title: () Change () Addition JUNGE, BARBARA Name: Name: Address: 3001 SW 3RD AVE Address: MIAMI, FL 33129 City-St-Zip: 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.

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