# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 07, 2005**
**Secretary of State**

DOCUMENT# N98000001406

**Entity Name:** TOUCHING MIAMI WITH LOVE MINISTRIES, INC.

**Current Principal Place of Business:**

711 NW 6TH AVENUE
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 013279
MIAMI, FL 33101

**New Mailing Address:**

**FEI Number: 65-0831654** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PORTER, D STEVEN
711 NW 6TH AVENUE
MIAMI, FL 33136 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MULDER, ANNE
Address: 6080 SW 28TH ST
City-St-Zip: MIAMI, FL 33155

Title: VPD ( ) Delete
Name: FRANKLIN, TOM
Address: 401 NW 2ND AVE, STE N-1007
City-St-Zip: MIAMI, FL 33128

Title: SD ( ) Delete
Name: WILLIX, LUANN
Address: 370 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL 33138

Title: TD ( ) Delete
Name: BIGGS, VICTOR
Address: PO BOX 350370
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete
Name: ANSLEY, JENISU
Address: 1125 SW 100 CT
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: JUNGE, BARBARA
Address: 3001 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FRANKLIN, TOM
Address: 401 NW 2ND AVENUE SUITE N-1007
City-St-Zip: MIAMI, FL 33128

Title: VPD (X) Change ( ) Addition
Name: BIGGS, VICTOR
Address: 20824 SAN SIMEON WAY #111
City-St-Zip: MIAMI, FL 33179

Title: SD (X) Change ( ) Addition
Name: WHITEHEAD, ROSA
Address: 6053 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 33143

Title: TD (X) Change ( ) Addition
Name: JUNGE, BARBARA
Address: 5333 COLLINS AVENUE #803
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SHAFER, AIDA
Address: 4206 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

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.

SIGNATURE: TOM FRANKLIN PD 03/07/2005

Electronic Signature of Signing Officer or Director — Date