

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001406

FILED
Mar 23, 2009
Secretary of State

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:

JASON, PITTMAN B MR.
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: WHITE, LISA MRS.
Address: 12740 SW 71ST AVENUE
City-St-Zip: MIAMI, FL 33156

Title: VPD () Delete
Name: FERRADAZ, GILDA MRS.
Address: 401 NW 2ND AVENUE SUITE N-1007
City-St-Zip: MIAMI, FL 33128

Title: SD () Delete
Name: WOOD, SUE MRS.
Address: 1426 SANTA CRUZ AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: SHAFER, AIDA MRS.
Address: 4206 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: RAYMOND, JOHNSON
Address: PO BOX 2556
City-St-Zip: LAKELAND, FL 33806

Title: D () Delete
Name: VICENT, DANIEL MR.
Address: 1550 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: BACON, PHIL MR.
Address: 150 SE 2ND AVENUE
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA WHITE

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date