

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90703 010 ****70.00

DOCUMENT # N98000001406

1. Entity Name

TOUCHING MIAMI WITH LOVE MINISTRIES, INC.



Principal Place of Business

**46 NE 6TH STREET
MIAMI FL 33132**

Mailing Address

**46 NE 6TH STREET
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0831654**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, D STEVEN
46 NE 6TH STREET
MIAMI FL 33132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Executive Director

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MULDER, ANNE**
CITY-ST-ZIP **6080 SW 28TH ST
MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **FRANKLIN, TOM**
CITY-ST-ZIP **401 NW 2ND AVE, STE N-1007
MIAMI FL 33128**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **WILLIX, LUANN**
CITY-ST-ZIP **370 GRAND CONCOURSE
MIAMI SHORES FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BIGGS, VICTOR**
CITY-ST-ZIP **PO BOX 350370
MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HARDY, MARILYN**
CITY-ST-ZIP **464 NE 16TH ST
MIAMI FL 33132**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Jenisu Ansley**
CITY-ST-ZIP **1125 SW 100 Court
Miami, FL 33174**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SHUFFIELD, RON**
CITY-ST-ZIP **1360 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Barbara Junge**
CITY-ST-ZIP **3001 SW 3rd Avenue
Miami, FL 33129**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenisu Ansley

Date

Daytime Phone #

CR2E037 (10/02)