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Apr 29, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000004961

1. Corporation Name

TOUCHING HANDS FOUNDATION, INC.

Principal Place of Business

Mailing Address

850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES FL 34103

850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES FL 34103



2. Principal Place of Business

2a. Mailing Address

21 **5551 Ridgewood Drive**
Suite, Apt. #, etc.

26 **5551 Ridgewood Drive**
Suite, Apt. #, etc.

22 **Suite 101**

27 **Suite 101**

23 **Naples FL**
City & State

28 **Naples FL**
City & State

24 **34108** Zip Country
U.S.A.

29 **34108** Zip Country
U.S.A.

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

59-3529626

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

BAUGHER, ROY E II
850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name
Roy E. Baugher, II
82 Street Address (P.O. Box Number is Not Acceptable)
5551 Ridgewood Drive
83 **Suite 101**
84 City
Naples FL 85 Zip Code
34108

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

[Signature]

4-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARDELL, KEENAN W	
STREET ADDRESS	1402 FOREST BROOK	
CITY-ST-ZIP	SUGARLAND TX 77479	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARDELL, NICOLE R	
STREET ADDRESS	1402 FOREST BROOK	
CITY-ST-ZIP	SUGARLAND TX 77479	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, CLEVE	
STREET ADDRESS	9250 BAY MEADOWS BLVD. STE. 220	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 (904) 992-4616
Date Daytime Phone #

CR2E037 (11/98)