

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 20 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



DOCUMENT # N98000004961

1. Entity Name
TOUCHING HANDS FOUNDATION, INC.



Principal Place of Business
3003 TAMiami TRAIL N
300
NAPLES, FL 34103-2714

Mailing Address
3003 TAMiami TRAIL N
300
NAPLES, FL 34103-2714

2. Principal Place of Business
2000 P St. N.W.
Suite, Apt. #, etc.
Suite 615
City & State
Washington DC
Zip
20036
Country
USA

3. Mailing Address
2000 P St. N.W.
Suite, Apt. #, etc.
Suite 615
City & State
Washington DC
Zip
20036
Country
USA

10182004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-3529626

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BAUGHER, ROIE II
3003 TAMiami TRAIL N
300
NAPLES, FL 34103-2714

7. Name and Address of New Registered Agent
Name
Jessie Dillard
Street Address (P.O. Box Number is Not Acceptable)
1480 N.W. 194th Street
City
Miami
FL
Zip Code
33169

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 Jessie Dillard 9/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARDELL, KEENAN W 1402 FOREST BROOK SUGARLAND, TX 77479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARDELL, NICOLE R 1402 FOREST BROOK SUGARLAND, TX 77479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, CLEVE 9250 BAY MEADOWS BLVD. STE. 220 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #