

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004961

FILED  
Sep 02, 2003  
Secretary of State

**Entity Name:** TOUCHING HANDS FOUNDATION, INC.

**Current Principal Place of Business:**

3003 TAMIAMI TRAIL N  
300  
NAPLES, FL 341032714

**New Principal Place of Business:**

**Current Mailing Address:**

3003 TAMIAMI TRAIL N  
300  
NAPLES, FL 341032714

**New Mailing Address:**

**FEI Number:** 59-3529626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUGHER, ROI E II  
3003 TAMIAMI TRAIL N  
300  
NAPLES, FL 341032714

**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: D ( ) Delete  
Name: MCCARDELL, KEENAN W  
Address: 1402 FOREST BROOK  
City-St-Zip: SUGARLAND, TX 77479

Title: D ( ) Delete  
Name: MCCARDELL, NICOLE R  
Address: 1402 FOREST BROOK  
City-St-Zip: SUGARLAND, TX 77479

Title: D ( ) Delete  
Name: WARREN, CLEVE  
Address: 9250 BAY MEADOWS BLVD. STE. 220  
City-St-Zip: JACKSONVILLE, FL 32256

**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:

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: KEENAN MCCARDELL

D

09/02/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date