

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006411

FILED
Sep 13, 2002
Secretary of State

Entity Name: COMMUNITY IN-TOUCH, INC.

Current Principal Place of Business:

5111 U.S. HWY #27
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

3121 N.W. 47TH TERRACE
B-4-218
LAUDERDALE LAKES, FL

New Mailing Address:

FEI Number: 59-3625511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINGS, LAKAY
3121 N.W. 47TH TERR.,B4-218
LAUDERDALE LAKES, FL 33319 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: D () Delete
Name: ANDREWS, PATRICIA
Address: 10725 GLEN ELLEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MILLS, CLARENCE
Address: 30 TEMPLE COURT
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: JONES, GLORIA
Address: % JEFFERON AVENUE
City-St-Zip: FROSTPROOF, FL 33843

Title: S () Delete
Name: CHANEY, BEVERLY
Address: P.O. BOX 6
City-St-Zip: FROSTPROOF, FL 33843

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:

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: PATRICIA ANDREWS

D

09/13/2002

Electronic Signature of Signing Officer or Director

_____ Date