

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006034

Entity Name: UNCOMMON TOUCH MINISTRIES, INC.**Current Principal Place of Business:**2751 SUNSET POINT RD
CLEARWATER, FL 33755**Current Mailing Address:**2751 SUNSET POINT RD.
CLEARWATER, FL 33759 US**FEI Number: 46-2740439****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLE, STEPHEN O
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 US*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

Officer/Director Detail :

Title DIRECTOR
Name YOUNG, LOLA
Address 1863 STETSON DRIVE
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name JOHNSON, ROWLAND L
Address 1883 BALBOA LANE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name LYTTLE, AUDREY
Address 1143 BARBARA STREET
City-State-Zip: LARGO FL 33770

Title DIRECTOR
Name LANG-ROYAL, LYDIA
Address 1352 SPRINGDALE STREET
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name MIDDLETON, LEONTYNE
Address 920 PALLANZA DRIVE SOUTH
City-State-Zip: ST. PETERSBURG FL 33705

Title PRESIDENT
Name CAMPBELL, GLORIA
Address 1077 WEATHERSFIELD DRIVE
City-State-Zip: DUNEDIN FL 34698

Title EXECUTIVE DIRECTOR
Name PERRY, BETTY
Address 1606 MLK JR AVENUE
City-State-Zip: CLEARWATER FL 33755

Title TREASURER
Name BELL, TAMARA
Address 14980 HIDDEN OAKS CIR
City-State-Zip: CLEARWATER FL 33764

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I hereby 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 all other like empowered.

SIGNATURE: GLORIA CAMPBELL**PRESIDENT****04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name CASTLE-ELMORE, JOAN
Address 1350 WINDSOR DRIVE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name COLE, STEVE
Address 625 COURT STREET
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name NEAL, LINDA
Address 1106 PALM BLUFF STREET
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name HUNTER, LORETTA
Address 505 N WASHINGTON AVENUE
City-State-Zip: CLEARWATER FL 33756