2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001406

Entity Name: TOUCHING MIAMI WITH LOVE MINISTRIES, INC.

FILED Feb 04, 2013 **Secretary of State** CC1589626786

Current Principal Place of Business:

711 NW 6TH AVENUE MIAMI. FL 33136

Current Mailing Address:

PO BOX 013279 MIAMI, FL 33101

FEI Number: 65-0831654 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PITTMAN, JASON B 711 NW 6TH AVENUE MIAMI, FL 33136 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: JASON B PITTMAN 02/04/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PΠ Title TD

RIESCO, MARLENE JOHNSON, RAY Name Name 2109 COUNTRY CLUB PRADO Address PO BOX 2556 Address

City-State-Zip: LAKELAND FL 33806-2556 CORAL GABLES FL 33134 City-State-Zip:

Title D Title SEC

Name TSCHIRHART, BRIAN MR. Name VAIR, BETTY MRS. Address 8250 SW 116TH TERRACE Address 10900 SW 84TH CRT

MIAMI FL 33156 City-State-Zip: MIAMI FL 33156 City-State-Zip:

Title DIRECTOR \/P Title

Name ALVAREZ, EMILIO **GUILFOYLE. ROSEMARY** Name

Address 12335 MOSS RANCH ROAD Address 2 ALLAHAMBRA PLAZA SUITE 100

City-State-Zip: MIAMI FL 33156 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title DIRECTOR

KEASLER, KEAS Name MATTHEWS, JARROD Name

8910 SW 61ST STREET Address 8910 SW 68TH COURT APT K6 Address City-State-Zip: SOUTH MIAMI FL 33143

SOUTH MIAMI FL 33156 City-State-Zip:

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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.

02/04/2013 SIGNATURE: MARLENE RIESCO **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name NOVAS, BENITO

Address 17900 NW 5TH ST. #201

City-State-Zip: MIAMI FL 33156