

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N98000001406

**Entity Name:** TOUCHING MIAMI WITH LOVE MINISTRIES, INC.

**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:**

HARRIS, ULTRINA  
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:** ULTRINA HARRIS

04/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           IRIGOYEN, OSCAR  
Address       12352 SW 104TH LANE  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           GREEN, BRETT  
Address       457 BRICKELL AVE, APT. 3111  
City-State-Zip: MIAMI FL 33131

Title           PRESIDENT  
Name           SCOTT, CHE  
Address       79 SW 12TH ST PH 307  
City-State-Zip: MIAMI FL 33130

Title           DIRECTOR  
Name           MCAREE, NICOLE  
Address       690 NE 57TH STREET  
City-State-Zip: MIAMI FL 33137

Title           VP  
Name           ESTIME, JENNIFER  
Address       6518 SW 60TH AVE  
City-State-Zip: SOUTH MIAMI FL 33143-3403

Title           DIRECTOR  
Name           JOHNSON, RAY  
Address       5042 YELLOWTOP LOOP  
City-State-Zip: LAKELAND FL 33811-1524

Title           DIRECTOR  
Name           TURNER, NIKKI  
Address       1300 BRICKELL BAY DR APT 2508  
City-State-Zip: MIAMI FL 33131-3395

Title           DIRECTOR  
Name           ROSE, BRANDON  
Address       325 S. BISCAYNE BLVD, UNTI 2717  
City-State-Zip: MIAMI FL 33131

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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:** CHE SCOTT

**PRESIDENT**

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name NARVAEZ, MAGGIE  
Address 2021 SW 3RD AVE APT 907  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name ALEXANDER, MATT  
Address 3069 DAY AVE APT 8  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name MCWHIRTER, JOHN  
Address 7495 SW 114TH STREET  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name SMITH, LADY  
Address 3020 SW 2ND AVENUE  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name ARECED, CARLOS  
Address 9950 SW 87TH AVENUE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name PENA, ISABEL  
Address 6280 SW 33 ST  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name CASTAING, NADIA  
Address 500 BRICKELL AVE APT 2403  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name CARDONA, DIANA  
Address 12032 SW 101 STREET  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name PEREZ, JAVIER  
Address 160 CLAIREMONT AVE., SUITE 500  
City-State-Zip: DECATUR GA 30030

Title CEO  
Name ULTRINA, HARRIS ALEXIS  
Address PO BOX 01-3279  
City-State-Zip: MIAMI FL 33101