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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:49

DOCUMENT # **719980** **(5)**

1. Corporation Name
TEEN MISSIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
885 E. HALL RD. MERRITT ISLAND FL 32953-8443 US	885 E. HALL RD. MERRITT ISLAND FL 32953-8443 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1970**
3a. Date of Last Report: **03/16/1994**
4. FEI Number: **23-7125177** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BLAND,ROBERT M
293 LAUREN COURT
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LANE, ROBERT G	12 NAME	
STREET ADDRESS	305 BAHAMA DR	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BLAND,BERNICE M	22 NAME	
STREET ADDRESS	293 LAUREN COURT	23 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	WILL, GAYLE	32 NAME	
STREET ADDRESS	491 SEACREST AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STEVENS, LEONARD	42 NAME	
STREET ADDRESS	1425 FAYE AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	PERSON, JAMES	52 NAME	
STREET ADDRESS	235 ANDROSS DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	54 CITY-ST-ZIP	
TITLE	PM	61 TITLE	☐ Change ☐ Addition
NAME	BLAND, ROBERT M	62 NAME	
STREET ADDRESS	293 LAUREN COURT	63 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Person 3-20-95 407-453-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034480