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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719980

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/31/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7125177 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LANE, ROBERT G		1.2 NAME		
STREET ADDRESS	305 BAHAMA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 00000 32952		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLAND,BERNICE M		2.2 NAME		
STREET ADDRESS	293 LAUREN COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILL, GAYLE		3.2 NAME		
STREET ADDRESS	491 SEACREST AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 00000 32953		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D.	☐ Change ☒ Addition
NAME	STEVENS, LEONARD		4. 2 NAME	A. Max Teeter	
STREET ADDRESS	1425 FAYE AVE.		4.3 STREET ADDRESS	465 State Road 14	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lyons KS 67554-9296	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, SHAWNA		5.2 NAME		
STREET ADDRESS	215 HEAVENLY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		5.4 CITY-ST-ZIP		
TITLE	PM	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BLAND, ROBERT M		6.2 NAME		
STREET ADDRESS	293 LAUREN COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. *I hereby certify that the information supplied with this filing 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, with all other like empowered.*

SIGNATURE: Robert M Bland SIGNATURE REQUIRED 1-12-99 407-453-0350
SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF AN OFFICER OR DIRECTOR Date Daytime Phone #