# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV - 5 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007475

1. Entity Name
ABSTINENCE BETWEEN STRONG TEENS INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18151 SW 98 COURT<br>MIAMI, FL 33157 | 18151 SW 98 COURT<br>MIAMI, FL 33157 |

11012007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1054347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCMILLAN, ALTHEA F<br>10371 SW 152ND STREET<br>MIAMI, FL 33157 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCMILLAN, ALTHEA F<br>10371 SW 152ND STREET<br>MIAMI, FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Angelique B. Meade<br>8564 SW 210 Terrace<br>Cutler Bay, FL 33189 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TROUP, KIM A<br>780 TERRACE MILLS DRIVE<br>DOUGLASVILLE, GA 30134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300112140763<br>11/09/07--01004--023 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SNEAD, TANGELA<br>7050 WADE ROAD<br>AUSTELL, GA 30168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JONES, DARRYL ESQ<br>15820 SW 98 COURT<br>MIAMI, FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VENNING, CETER M<br>7050 WADE ROAD<br>AUSTELL, GA 30168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YOUNG, SAUNDRA DR.<br>7452 SW 187 STREET<br>MIAMI, FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>Young, Saundra Dr.<br>7452 SW 187 Street<br>Miami FL 33157 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Althea McMillan, President 11/1/07 (305)969-7829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #