

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007475

FILED
Mar 06, 2009
Secretary of State

Entity Name: ABSTINENCE BETWEEN STRONG TEENS INTERNATIONAL, INC.

Current Principal Place of Business:

18151 SW 98 COURT
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18151 SW 98 COURT
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1054347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCMILLAN, ALTHEA F
10371 SW 152ND STREET
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCMILLAN, ALTHEA F
Address: 10371 SW 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: TROUP, KIM A
Address: 7050 WADE ROAD
City-St-Zip: AUSTELL, GA 30168

Title: VD () Delete
Name: SNEAD, TANGELA
Address: 7050 WADE ROAD
City-St-Zip: AUSTELL, GA 30168

Title: TD () Delete
Name: JONES, DARYL ESQ
Address: 15820 SW 98 COURT
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: VENNING, CETER M
Address: 7050 WADE ROAD
City-St-Zip: AUSTELL, GA 30168

Title: CD () Delete
Name: YOUNG, SAUNDRA DR.
Address: 7452 SW 187 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALTHEA F. MCMILLAN

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date