

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91771 034 ****70.00

DOCUMENT # N00000007475

1. Entity Name

ABSTINENCE BETWEEN STRONG TEENS, INC.



Principal Place of Business

**18151 S.W. 98TH COURT
MIAMI FL 33157**

Mailing Address

**18151 S.W. 98TH COURT
MIAMI FL 33157**

2. Principal Place of Business

ABSTINENCE BETWEEN STRONG TEENS INC. 18151 S.W. 98th

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami Fla. 3

City & State

Miami Fla.

4. FEI Number **65-1054347**

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCMILLAN, ALTHEA F
10371 SW 152ND STREET
MIAMI FL 33152**

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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

TITLE **PD** ☐ Delete
NAME **MCMILLAN, ALTHEA F**
STREET ADDRESS **10371 SW 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33152**

TITLE **VP** ☐ Delete
NAME **TROUP, KIM A**
STREET ADDRESS **10371 S.W. 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VD** ☐ Delete
NAME **SNEAD, TANGELA**
STREET ADDRESS **10371 SW 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33152**

TITLE **TD** ☐ Delete
NAME **MCMILLAN, JOHN**
STREET ADDRESS **10371 SW 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33152**

TITLE **SD** ☐ Delete
NAME **VENNING, CETER M**
STREET ADDRESS **10371 S.W. 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

4/30/02 (305) 969-7829

CR2E037 (10/02)