

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90422 006 ****70.00

DOCUMENT # N05000012595

1. Entity Name
TEEN MISSIONS IN SOUTH AFRICA, INC.



Principal Place of Business
**885 E. HALL RD.
 MERRITT ISLAND, FL 32953**

Mailing Address
**885 E. HALL RD.
 MERRITT ISLAND, FL 32953**

40076821



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202006 Chg-NP CR2E037 (11/05)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
20-4679767

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLAND, ROBERT M.
 293 LAUREN CT.
 MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name
Robert M. Bland

Street Address (P.O. Box Number is Not Acceptable)
885 E. Hall Rd

City
Merritt Island FL Zip Code
32953

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, the registered agent.

SIGNATURE *Robert M. Bland* **Robert M. Bland** **4/21/06**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	<input type="checkbox"/> Delete
NAME	Bland, Robert M	
STREET ADDRESS	293 Lauren Ct	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	V PD	<input type="checkbox"/> Delete
NAME	Vanderpool, Katherine S	
STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Will, Gayle	
STREET ADDRESS	491 Seacrest Ave	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	Lane, Robert G	
STREET ADDRESS	305 Bahama Dr	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Barber, Andrea	
STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 power of 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 a copy of the filing, if I am a power of trustee.

SIGNATURE: *Robert M. Bland* **Robert M. Bland** **4/21/06** **321-453-0350**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #