


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 013 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4079767	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLAND, ROBERT M. 885 E HALL RD MERRITT ISLAND, FL 32953			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, ROBERT M		NAME		
STREET ADDRESS	293 LAURM CT		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERPOOL, KATHERINE S		NAME		
STREET ADDRESS	885 E HALL RD		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLE, WILL		NAME		
STREET ADDRESS	491 SEACREST AVE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, ROBERT G		NAME		
STREET ADDRESS	305 BAHAMA DR		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, ANDREA		NAME	Aronson, Linda	
STREET ADDRESS	885 E HALL RD		STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	Merritt Island FL 32953	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Maker, Linda	
STREET ADDRESS			STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Merritt Island FL 32953	
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 the information above.					
SIGNATURE: <i>Robert M. Bland</i> Date: <i>April 18, 08</i> (321) 453-0350					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					