2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N43988

1. Entity Name
TEEN IN ACTION, INCORPORATED

Principal Place of Business
9331 SOUTHERN BREEZE DR
ORLANDO, FL 32836

Mailing Address
9331 SOUTHERN BREEZE DR
ORLANDO, FL 32836

04022006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3076058
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHACKO, VARKEY K.
9331 SOUTHERN BREEZE DR
ORLANDO, FL 32836

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000495936
04/21/06-80031-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRAHAM, KONDOOR
STREET ADDRESS	1750 SW 116 AVE
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	CHACKO, VARKEY K.
STREET ADDRESS	9331 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	JOSEPH, JOSE K.
STREET ADDRESS	2025 EMERALD RIDGE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	NINAN, SAM
STREET ADDRESS	624 TUSCANY ST
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Varkey K Chacko 4/3/06 407-352-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #