

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007488

**Entity Name:** BEATING THE ODDS TEEN PARENTS MENTORING PROGRAM  
INC.**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC4249370343****Current Principal Place of Business:**5991 CHESTER AVE.  
SUITE 211  
JACKSONVILLE, FL 32217**Current Mailing Address:**PO BOX 8344  
JACKSONVILLE, FL 32239 US**FEI Number: 47-1561561****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SAMUELS, NICOLE M  
4059 BIG HOLLOW LN.  
JACKSONVILLE, FL 32277 US*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**Officer/Director Detail :**

Title	CEO, PRESIDENT
Name	SAMUELS, NICOLE M
Address	5991 CHESTER AVE. SUITE 211
City-State-Zip:	JACKSONVILLE FL 32217

Title	OFFICER
Name	SAMUELS, MARY L
Address	4059 BIG HOLLOW LN
City-State-Zip:	JACKSONVILLE FL 32277

Title	OFFICER
Name	WELLS, TIFFANY M
Address	5991 CHESTER AVE. SUITE 211
City-State-Zip:	JACKSONVILLE FL 32217

Title	OFFICER
Name	SAMUELS, KAYON Y
Address	12604 PINE MARSH WAY
City-State-Zip:	JACKSONVILLE FL 32226

Title	OFFICER
Name	ROBINSON, TANEISHA
Address	3873 WILLOW HOLLOW
City-State-Zip:	DOUGLASVILLE GA 30135

*I hereby 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 all other like empowered.*

**SIGNATURE: NICOLE M SAMUELS****CEO/FOUNDER****05/01/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date