

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001546

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** TEEN UP-WARD BOUND, INCORPORATED

**Current Principal Place of Business:**

1210 PERI STREET  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541065  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 65-1094606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, FRANCES E  
18821 NE 3RD COURT  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: EVANS, FRANCES E  
Address: 18821 NE 3RD COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DS ( ) Delete  
Name: FLOWERS, VERA  
Address: 452 SHARAR  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D ( ) Delete  
Name: MORTIMER, ELIZABETH  
Address: 6901 SW 59TH PLACE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Delete  
Name: SHARPE, SHANTE  
Address: 1205 PERI STREET  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D ( ) Delete  
Name: MATHIS, SAKENA  
Address: 7601 E. TREASURE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THERESA, SANDS  
Address: 3442 NW 176TH TERR  
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FEE

C

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date