

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 18 AM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008338

1. Entity Name  
ADOLESCENT TEEN ABSTINENCE GROUP, INC.



Principal Place of Business  
708 OSCEOLA STREET  
TALLAHASSEE, FL 32310

Mailing Address  
708 OSCEOLA STREET  
TALLAHASSEE, FL 32310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
71-0985494

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVENS, CHINA E  
708 OSCEOLA STREET  
TALLAHASSEE, FL 32310

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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 D ☐ Delete  
NAME EVANS, CHINA  
STREET ADDRESS 2105 DAISY STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D ☒ Delete  
NAME DORSEY, LUCIUS C  
STREET ADDRESS 1210 POLK CITY ROAD  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE S ☒ Delete  
NAME JOHNSON, COREEN B  
STREET ADDRESS 404 MERCURY DR  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500124354475  
STREET ADDRESS 04/18/08--01036--004 \*\*\$1.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

China E. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/08

Date

Daytime Phone #

4/18/08