## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011602

Title:

Name:

Address:

City-St-Zip:

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4687 SOUTH HAMMOCK ROAD

ZOLFO SPRINGS, FL 33890

CORD, ERIC C

FILED Apr 16, 2008 Secretary of State

Entity Name: TEEN IMPACT MINISTRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 132 MONTE REAL BOULEVARD SEBRING, FL 33876 **Current Mailing Address: New Mailing Address:** 132 MONTE REAL BOULEVARD SEBRING, FL 33876 FEI Number: 41-2205189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVENUE SEBRING, FL 33870 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALLCORN, LEE Name: Name: Address: 132 MONTE REAL BOULEVARD Address: City-St-Zip: SEBRING, FL 33876 City-St-Zip: Title: () Delete Title: () Change () Addition FISHER, WESLEY C Name: Name: Address: 916 LAKE JOSEPHINE DRIVE Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LEE M. ALLCORN DP 04/16/2008

() Change () Addition