

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000012568

1. Entity Name  
TEEN MISSIONS IN ZAMBIA, INC.



Principal Place of Business  
885 E HALL RD  
MERRITT ISLAND, FL 32953

Mailing Address  
885 E HALL RD  
MERRITT ISLAND, FL 32953



04202007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4078740

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLAND, ROBERT M  
885 EAST HALL RD  
MERRITT ISLAND, FL 32953

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BLAND, ROBERT M  
STREET ADDRESS 293 LAUREN CT  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE VPD  
NAME VANDERPOL, KATHERINE S  
STREET ADDRESS 885 EAST HALL RD  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE SD  
NAME WILL, GAYLE  
STREET ADDRESS 491 SEACREST AVE  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D  
NAME LANE, ROBERT G  
STREET ADDRESS 305 BAHAMA DR  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE TD  
NAME PETERSON, DOUG  
STREET ADDRESS 885 EAST HALL RD  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D  
NAME PETERSON, BARB  
STREET ADDRESS 885 EAST HALL RD  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

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IN THIS SPACE**

U000000735737  
05/10/07-00046-003 70.00

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND DIRECTOR