

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90129 007 \*\*\*\*70.00

**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**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME VANDERPOOL, KATHERINE S  
STREET ADDRESS 885 E HALL RD  
CITY-ST-ZIP MERRITT ISLAND FL 32953

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS Petersen, Richard D  
CITY-ST-ZIP 885 E Hall Rd  
Merritt Island FL 32953

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

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Petersen, Barbara E  
CITY-ST-ZIP 885 E Hall Rd  
Merritt Island FL 32953

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, trustee, or power of attorney holder; that this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to the filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert M Bland*  
*Feb 13, 08* *April 18, 08 (321) 453 0350*