

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N05000012588

1. Entity Name
TEEN MISSIONS IN UGANDA, 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
20-4079705

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**
STREET ADDRESS **293 LAUREN CT**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE VPD
NAME **VANDERPOOL, 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 S
NAME **LANE, ROBERT G**
STREET ADDRESS **305 BAHAMA DR**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE TD
NAME **HADLOCK, CANILLE**
STREET ADDRESS **885 EAST HALL RD**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE D
NAME **NKUTU, PETER**
STREET ADDRESS **885 EAST HALL RD**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

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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, without other like errors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT