
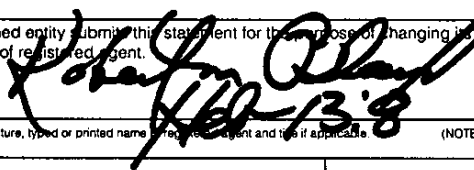
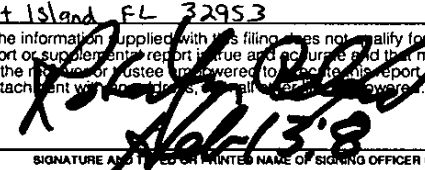


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 001 ****70.00

DOCUMENT # N05000012592 1. Entity Name TEEN MISSIONS IN BRAZIL, INC.					
Principal Place of Business 885 HALL RD. MERRITT ISLAND, FL 32953			Mailing Address 885 HALL RD. MERRITT ISLAND, FL 32953		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4079729	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLAND, ROBERT M. 293 LAUREN CT. MERRITT ISLAND, FL 32952				Name Robert M. Bland Street Address (P.O. Box Number is Not Acceptable) 885 E Hall Rd. City Merritt Island FL Zip Code 32953	
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  Robert M. Bland 4/21/06 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD Bland, Robert M. 293 Lauren Ct Merritt Island FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Vanderpool, Katherine S. 885 E. Hall Rd Merritt Island FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Will, Gayle 491 Seacrest Ave Merritt Island FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lane, Robert C 305 Bahama Dr Merritt Island FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cochrane, Vanja 885 E Hall Rd Merritt Island FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cochrane, Dave 885 E Hall Rd Merritt Island FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 registered agent; and that the information 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 addendum, or on an attachment with an addendum.					
SIGNATURE:  Robert M. Bland 4/21/06 321-453-0350 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40076350



04202006 Chg-NP CR2E037 (11/05)

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.
293 LAUREN CT.
MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name
Robert M. Bland
Street Address (P.O. Box Number is Not Acceptable)
885 E Hall Rd.
City
Merritt Island FL Zip Code
32953

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	Bland, Robert M.	
STREET ADDRESS	293 Lauren Ct	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	Vanderpool, Katherine S.	
STREET ADDRESS	885 E. Hall Rd	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Will, Gayle	
STREET ADDRESS	491 Seacrest Ave	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	Lane, Robert C	
STREET ADDRESS	305 Bahama Dr	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Cochrane, Vanja	
STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cochrane, Dave	
STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP	Merritt Island FL 32953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 registered agent; and that the information 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 addendum, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #