

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2007 08:00 AM
Secretary of State

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



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4079729

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 ROAD
MERRITT ISLAND, FL 32953

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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 COURT
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	VPD
NAME	VANDERPOOL, KATHERINE S
STREET ADDRESS	885 EAST HALL ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SD
NAME	WILL, GAYLE
STREET ADDRESS	491 SEACREST AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	LANE, ROBERT G
STREET ADDRESS	305 BAHAMA DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	TD
NAME	COCHRANE, VANJA
STREET ADDRESS	885 EAST HALL ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	COCHRANE, DAVE
STREET ADDRESS	885 EAST HALL ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

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IN THIS SPACE**

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 a power-like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR