

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-25-2008 90129 008 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-NP

CR2E037 (4/06)

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, 2008**

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 reports 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 information.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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