

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

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

**DOCUMENT # N05000012593**

1. Entity Name  
**TEEN MISSIONS IN MALAWI, 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  
**20-4079747**

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**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLAND, ROBERT M 293 LAUREN COURT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANDERPOOL, KATHERINE S 885 EAST HALL ROAD MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILL, GAYLE 491 SEACREST AVENUE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, ROBERT G 305 BAHAMA DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WYLIE, HENI 885 EAST HALL ROAD MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLIE, MAT 885 EAST HALL ROAD MERRITT ISLAND, FL 32953

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05/10/07-80046-025 70.00

**DO NOT WRITE  
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 change, or on a change of name.

**SIGNATURE:**

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

Date

Designation