

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # N05000012596**

1. Entity Name  
**TEEN MISSIONS IN HONDURAS, 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  
**20-4079666**

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 E 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 M
STREET ADDRESS	293 LAWEN CT
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	VPD
NAME	VANDERPOOL, KATHERINE S
STREET ADDRESS	885 E HALL RD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SD
NAME	WILL, GAYLE
STREET ADDRESS	191 SEACREST AVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	LANE, ROBERT C
STREET ADDRESS	305 BAHAMA DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	TD
NAME	<del>RENKLAN, AMY</del> RENKLAU, AMY
STREET ADDRESS	885 E HALL RD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	<del>RENKLAN, JUSTIN</del> RENKLAU, JUSTIN
STREET ADDRESS	885 E HALL RD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

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05/10/07-80046-024 70.00

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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 provided.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR