


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90129 015 \*\*\*\*70.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| DOCUMENT # N05000012596   |   |   |  |    |  |
| 1. Entity Name<br>TEEN MISSIONS IN HONDURAS, INC.   |   |   |  |   |  |
| Principal Place of Business<br>885 E. HALL RD.<br>MERRITT ISLAND, FL 32953  |   |   | Mailing Address<br>885 E. HALL RD.<br>MERRITT ISLAND, FL 32953 |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |   |   |  | 7. Name and Address of New Registered Agent   |  |
| BLAND, ROBERT M.<br>885 E HALL RD<br>MERRITT ISLAND, FL 32953   |   |   |  | Name  |  |
|   |   |   |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |   |   |  | City  |  |
|   |   |   |  | FL Zip Code   |  |
| 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 _____ (NOTE: Registered Agent signature required when reconstating)   |   |   |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees  |  |
| Make check payable to<br>Florida Department of State  |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BLAND, ROBERT M<br>293 LAWEN CT<br>MERRITT ISLAND, FL 32952           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>VANDERPOOL, KATHERINE S<br>885 E HALL RD<br>MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>WILL, GAYLE<br>191 SEACREST AVE<br>MERRITT ISLAND, FL 32953           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LANE, ROBERT C<br>305 BAHAMA DR<br>MERRITT ISLAND, FL 32952            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | TD<br>Lane, Robert G<br>305 Bahama Dr<br>Merritt Island FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>RENKLAN, AMY<br>885 E HALL RD<br>MERRITT ISLAND, FL 32953             | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RENKLAN, JUSTIN<br>885 E HALL RD<br>MERRITT ISLAND, FL 32953           | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |



04162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-4079666

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

12. I hereby certify that the information supplied in 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 requested.

SIGNATURE: *[Signature]* April 18, 08 (321) 453 0350

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #