2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000012596

Entity Name: TEEN MISSIONS IN HONDURAS, INC.

Current Principal Place of Business:

885 E. HALL RD.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

885 E. HALL RD.
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 20-4079666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLAND, ROBERT M.
885 E HALL RD
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

BLAND, ROBERT M
885 E HALL RD
MERRITT ISLAND, FL 32953 US

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.

SIGNATURE: ROBERT M BLAND 04/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLAND, ROBERT M
Address: 293 LAWEN CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD ( ) Delete
Name: VANDERPOOL, KATHERINE S
Address: 885 E HALL RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD ( ) Delete
Name: WILL, GAYLE
Address: 191 SEACREST AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete
Name: LANE, ROBERT G
Address: 305 BAHAMA DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLAND, ROBERT M
Address: 885 E HALL RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD (X) Change ( ) Addition
Name: VANDERPOOL, KATHERINE S
Address: 885 E HALL RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD (X) Change ( ) Addition
Name: WILL, GAYLE
Address: 885 E HALL RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD (X) Change ( ) Addition
Name: LANE, ROBERT G
Address: 885 E HALL RD
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M BLAND PD 04/20/2009
Electronic Signature of Signing Officer or Director Date