2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000996

1. Entity Name
TEEN MISSIONS IN AUSTRALIA, INC.

SIGNATURE:



FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90073 017 ****70.00

Principal Place of Business 885 E HALL RD MERRITT ISLAND, FL 32953			Mailing Address 885 E HALL RD MERRITT ISLAND, FL 32953				· .					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04202007	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State				4. FEI Numbe	57900	, <u>-</u>	─	pplied For ot Applicable	
Zip	Country			Zip Cour					of Status Desire		\$8.75 Ad	ditional
	6. Name	and Address of Current	<u></u>		7. Name and	Address of Nev	w Registered A	gent				
BLAND, ROBERT M						Name						
885 E HALL RD MERRITT ISLAND, FL 32953						Street Address (P.O. Box Number is Not Acceptable)						
	·					City					75-0	
										FL	Zip Cod	
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.												
	o. vog.o	and again.										
SIGNATURE	Signature, typed	d or printed name of registered agen	t and title il app	plicable. (NOTi	E: Registere	d Agent signal	ure required	when reinstating)		DATE	·	
		e is \$61.25		6 Floation Con		'inanaian				Mala abaal		
		Election Campaign Financing Trust Fund Contribution.			\$5.00 May B Added to Fees	e F	Make check Iorida Depart					
10.	OFFICERS AND DIR							ADDITIONS/CH/	ANGES TO OFFI	CERS AND DIF	RECTORS II	
TITLE NAME				☐ Delete	TITLI		PP	ND PARES			☐ Change	Addition
STREET ADDRESS	ESS					ET ADDRESS	BLAND, ROBERT M 293 LAUREN CT					
CITY-ST-ZIP					CITY	-ST-ZIP		RITT ISL		32952		
TITLE				☐ Delete	TITLI	E	VD				☐ Change	⊠ Addition
NAME				NA		_	NANDERPOOL, KATHERINES 885 E HALL RD					
STREET ADDRESS CITY-ST-ZIP					1	ET ADDRESS -ST-ZIP			_	0		
							i _	RITT ISL	AND FL	<u>32953</u>		
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CITY-ST-ZIP					CITY	-ST-ZIP	MERI	RITT ISLA	ND FL 3	32953		
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NAME					NAM		WILL	JOAYLE	. Auc			
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS	l * · ·	SEACREST	_			
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CITY-ST-ZiP		in information assessment of	h shia 60-			-ST-ZIP		(1. Ob 1.17	Ft 11 6: :			
indicated of	on this repo	rt or supplemental repor	n this filing is to le and	does not qualify fo accurate and that r	r the exe ny siona	emptions c	ontained have the s	in Chapter 119, same legal effec	Florida Statutes t as if made und	s. I further certi er oath; that i a	ty that the i m an office	nformation r or director
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied that i epor is if leand accurate and that my signettive shall have the same legal effect as if made under oath; that i am an officer or director of the corporation or the receiver oxidus the empowered to execute this eport 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 like exposured.												