

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008644

FILED  
Mar 18, 2008  
Secretary of State

**Entity Name:** RESTARTING TEENS AT RISK TODAY, INC.

**Current Principal Place of Business:**

14674 SEMINOLE TRAIL  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26127  
TAMPA, FL 33622

**New Mailing Address:**

14674 SEMINOLE TRAIL  
SEMINOLE, FL 33776

FEI Number: 26-0837710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GODDARD, KIMBERLY  
14674 SEMINOLE TRAIL  
SEMINOLE, FL 33776 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GODDARD, KIMBERLY  
Address: 14674 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIM GODDARD

P

03/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date