

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003548

FILED
Apr 28, 2009
Secretary of State

Entity Name: TEENS HOUSE, INC.

Current Principal Place of Business:

11446 MONUMENT RIDGE DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

11446 MONUMENT RIDGE DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-8714243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYNUM, APRIL
11446 MONUMENT RIDGE DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

BYNUM, APRIL W
11446 MONUMENT RIDGE DRIVE
JACKSONVILLE, FL 32225 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: APRIL W BYNUM

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYNUM, APRIL W
Address: 11446 MONUMENT RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: WASHINGTON, CASSANDRA
Address: 1317 MIDDLE SCHOOL RD
City-St-Zip: KINGSLAND, GA 31548

Title: D () Delete
Name: HOFFMAN, JESSICA
Address: 3419 AUGUSTINE ELM CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: MACE, KIMBERLY
Address: 8609 WENDY STREET
City-St-Zip: CLINTON, MD 20735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: APRIL W BYNUM

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date