

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10594** (2)

1. Corporation Name

TEEN TRANSFORMATION MINISTRIES, INC.



Principal Place of Business

Mailing Address

**1227 VAN ARSDALE RD.
OVIEDO FL 32765**

**1227 VAN ARSDALE RD.
OVIEDO FL 32765**

3. Date Incorporated or Qualified

08/07/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2643016

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22
City & State

27
City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, B RAY
1227 VAN ARSDALE RD.
OVIEDO FL 32765**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **RICHARDSON, B RAY**
STREET ADDRESS **1227 VAN ARSDALE RD**
CITY-ST-ZIP **OVIEDO FL**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **RICHARDSON, JANE**
STREET ADDRESS **1227 VAN ARSDALE RD.**
CITY-ST-ZIP **OVIEDO FL**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **EVANS, KENNETH**
STREET ADDRESS **40926 EMERALDA ISLAND RD.**
CITY-ST-ZIP **LEESBURG FL**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **S** ☐ DELETE

NAME **WALDHEIM, EDDIE C., JR.**
STREET ADDRESS **101 OAKLEIGH DRIVE**
CITY-ST-ZIP **MAITLAND FL**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **TT** ☐ DELETE

NAME **HARRISS, EDWIN B**
STREET ADDRESS **317 LIVE OAK BLVD**
CITY-ST-ZIP **SANFORD FL 32701**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B. Ray Richardson* **B. Ray Richardson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996 **407-365-4782**
Date Daytime Phone #

CR2E037 (12/95)