## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

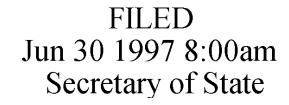
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N10594

(2)

## TEEN TRANSFORMATION MINISTRIES, INC.





ı							3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996					
9 Principal D	lace of Business	2a. Mailing Address					4. FEI Number					
_	iaca di apamess	26. Walling Address					59-2643016				pplied For	
Suite, Apt.	# nto	Suite, Apt. #, etc.					00 20100 10				ot Applicable	
22	·	27					5. Certificate of Status Desir	ed		T	Additional equired	
City & State	6	City & State				Ì	6. Election Campaign Finan	cing	_	\$5.00	May Be	
23		28				Trust Fund Contribution			Added	to Fees		
Zip	Country	Z <sub>ip</sub>	<b>├</b> ─¬	Country 30			8. This corporation has liabi				s. 199.032,	
24 25 29							Florida Statutes					
	9. Name and Address of Curren	Registered Agent		<del> </del> _		10. Name and Address of New Registered Agent						
				81	Name						İ	
RICHARDSON, B RAY				82	Street Address (P.O. Box Number is Not Acceptable)							
	IN ARSDALE RD.			"	Street Address (F.O. Box Number is Not Acceptable)							
	FL 32765			В3								
OTILDO	TE SEI CO			$\sqcup$								
				84	City				FL	<b>85</b> Zip	Code	
11 Durayont (	to the previsions of Contions 617 050	and 617 1500 Elorida Ctat.	too the s	<u> </u>			ting or books this statement for	er tha n		abonaine i	to reciptored	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State	e and 617.1508, Florida Statu of Florida. Such change was	ites, the a authorize	iboye id by	a-named 7 the corp	corpora poration	thon submits this statement to 's board of directors. I hereby	accep' accep'	urpose or t the appo	changing i pintment as	registered	
agent. I a	m lamiliar with, and accept the obliga	tions of, Section 617.0503, F	lorida Sta	tutes	3.							
SIGNATURE _											Ì	
	Signature, typed or printed name of registered ager				ent signature	required w	vhen reinstating)		DATE	TO CANADA		
12.	OFFICERS AND		13.			·	ADDITIONS/CHANGES TO	OFFIC				
TITLE	PD	DELETE	1.1 T	ITLE		ļ				Change	Addition	
NAME	RICHARDSON, B RAY		1.21	IAME		1						
STREET ADDRESS	1227 VAN ARSDALE RD		1.3 5	1.3 STREET ADDRESS		ĺ						
CITY-ST-ZIP	OVIEDO FL	FL 1/		1.4 CITY-ST-ZIP								
TITLE	VD	DELETE 2:		2.1 TITLE						Change	Addition	
NAME	RICHARDSON, JANE		2.2 N	2.2 NAME								
STREET ADDRESS	1227 VAN ARSDALE RD.		2.3 S		2.3 STREET ADDRESS						)	
CITY-ST-ZIP	OVIEDO FL		2.4	2.4 CITY-ST-ZIP		i						
TITLE				3.1 TITLE						Change	Addition	
NAME	EVANS, KENNETH					i				_ ,		
STREET ADDRESS	40926 EMERALDA ISLAND RD.			3 3 STREET ADDRESS							\	
City-ST-ZIP	LEESBURG FL			3.4. CITY-ST-ZIP								
TITLE	\$	DELETE	4.1 T		31 - ZIF		····			Change	Addition	
NAME	WALDHEIM, EDDIE C., JR.	D beer it	. I	NAME						0.000 وسي		
	101 OAKLEIGH DRIVE				ADDRESS	}					\	
STREET ADDRESS												
CITY-ST-ZIP	MAITLAND FL	DELETE	_	ITY-S	ii - ZIP					Change	Addition	
TITLE	TI T	⊢ NETE (E	5.1 7							change	ROUNION	
NAME	HARRISS, EDWIN B		5.2 N		į	ł					Į.	
STREET ADDRESS					ADDRESS						l	
CITY-ST-ZIP	SANFORD FL 32701			ITY-S	1 - ZIP	<u> </u>	<u> </u>			<u> </u>		
TITLE		DELETE	6.1 T							Change	Addition	
NAME			6.2 8	IAME								
STREET ADDRESS			6.3 S	TREET	ADDRESS	ļ					ļ	
CITY-ST-ZIP				ITY-S		[					1	
14. I do hereb	by certify that the information supplied	with this filing does not qua-	lify for the	exe	mption s	tated in	Section 119.07(3)(i), Florida	Statutes	. I further	certify that	the	

I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

and Purch I of the service