

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32765-9280**



3. Date Incorporated or Qualified **08/07/1985** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 21 2a. Mailing Address 26 4. FEI Number **59-2643016** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, B RAY		1.2 NAME	
STREET ADDRESS	1227 VAN ARSDALE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JANE		2.2 NAME	
STREET ADDRESS	1227 VAN ARSDALE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, KENNETH		3.2 NAME	
STREET ADDRESS	40026 EMERALDA ISLAND RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDHEIM, EDDIE C., JR.		4.2 NAME	
STREET ADDRESS	101 OAKLEIGH DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP	
TITLE	TT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISS, EDWIN B		5.2 NAME	
STREET ADDRESS	317 LIVE OAK BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32701		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby 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.

CR2E037 (9/96)