

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 30 AM 10: 23

DOCUMENT # N10594

1. Corporation Name

TEEN TRANSFORMATION MINISTRIES, INC.

Principal Place of Business

1227 VAN ARSDALE RD.  
OVIEDO FL 32765

Mailing Address

1227 VAN ARSDALE RD.  
OVIEDO FL 32765



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/07/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2643016

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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 ☐ DELETE

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

400003006324--8

-10/05/99--01101--009

\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ DELETE

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

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

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

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

DELETE

TITLE ☐ DELETE

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

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

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

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

AD

14. I 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, with all other like empowered.

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

September 15, 1999 407-365-4782  
Date Daytime Phone #

0001059

CR2E037 (5/99)