

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10594

1. Entity Name

TEEN TRANSFORMATION MINISTRIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90084 030 ****61.25

Principal Place of Business

Mailing Address

1227 VAN ARSDALE RD.
 OVIEDO FL 32765

1227 VAN ARSDALE RD.
 OVIEDO FL 32765-9280

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2643016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

B. Ray Richardson - President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE GREG FREEMAN ☐ Change ☒ Addition
 NAME 5450 CARTER RD.
 STREET ADDRESS LAKE MARY, FLA. 32746-4050
 CITY-ST-ZIP

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

TITLE DARYL MCCLAIN ☐ Change ☒ Addition
 NAME 720 S. PARK AVE
 STREET ADDRESS SANFORD, FLORIDA 32771
 CITY-ST-ZIP

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

TITLE George JOSEPH ☐ Change ☐ Addition
 NAME 5055 Dawn Point Lane
 STREET ADDRESS WINDERMERE, FLA. 34786
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. Ray Richardson - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 2000

Date

407.365-4782

Daytime Phone #

CR2E037 (9/99)