

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10594

1. Entity Name

TEEN TRANSFORMATION MINISTRIES, INC.

FILED

Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90009 006 ****61.25

Principal Place of Business

Mailing Address

1227 VAN ARSDALE RD.
OVIEDO FL 32765

1227 VAN ARSDALE RD.
OVIEDO FL 32765

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

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 VP ☐ Change ☐ Addition
NAME Edwin Harriss
STREET ADDRESS 317 LIVE OAK BLVD
CITY-ST-ZIP SANFORD, FLA 32771

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

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

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

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

TITLE VP ☐ Delete
NAME MCLAIN, DARYL
STREET ADDRESS 3500 CELERY AVENUE
CITY-ST-ZIP SANFORD FL 32771

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

TITLE T ☐ Delete
NAME JOSEPH, GEORGE
STREET ADDRESS 5055 DOWN POINTE LANE
CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE VP ☐ Delete
NAME FREEMAN, GREG
STREET ADDRESS 5450 CARTER ROAD
CITY-ST-ZIP LAKE MARY FL 32746

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)(b), Florida Statutes; 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)
January 11, 2002 365-4782
Date Daytime Phone #

CR2E037 (9/01)