

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
FL Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000200 (5)**

1. Corporation Name

TEEN HELP INCORPORATED



Principal Place of Business

**5611-A 12TH ST.
ZEPHYRHILLS FL 33541**

Mailing Address

**5611-A 12TH ST.
ZEPHYRHILLS FL 33541**

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 11709 ELM ST.

Suite, Apt. #, etc.

22

City & State

23 SAN ANTONIO, FL

Zip

24 33576

Country

25 PASCO

2a. Mailing Address

26 11709 ELM ST.

Suite, Apt. #, etc.

27

City & State

28 SAN ANTONIO FL

Zip

29 33576

Country

30 PASCO

4. FEI Number

59-3225285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

**FREEMAN, TERRY W
5613 12TH ST.
ZEPHYRHILLS FL 33540**

81

Name **TERRY W. FREEMAN**

82

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

4711 FIRELANE RD.

83

84

City **ZEPHYRHILLS**

FL

85

Zip Code **33541**

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

TERRY W. FREEMAN

4-30-96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **FREEMAN, TERRY W**
STREET ADDRESS **4711 FIRE LANE RD.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **DST** ☒ DELETE
NAME **FLANAGAN, SHARON A**
STREET ADDRESS **39527 BALTIMORE**
CITY-ST-ZIP **CRYSTAL SPRINGS FL 33524**

TITLE **DV** ☒ DELETE
NAME **STAATS, CHARLOTTE**
STREET ADDRESS **37152 RUTLEDGE DR.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **DST** ☐ Change ☒ Addition
2.2 NAME **CLAXTON - WOODS, THEOLINDA**
2.3 STREET ADDRESS **6646 MANGROVE DR.**
2.4 CITY-ST-ZIP **WESLEY CHAPEL, FL. 33544**

3.1 TITLE **DV** ☐ Change ☒ Addition
3.2 NAME **FLOYD, JOHN H.**
3.3 STREET ADDRESS **11709 ELM ST.**
3.4 CITY-ST-ZIP **SAN ANTONIO, FL. 33576**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY W. FREEMAN

4/30/96

Date

813 782-0462

Daytime Phone #

CR2E037 (12/95)