

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004686

FILED
Apr 24, 2009
Secretary of State

Entity Name: TEEN ACHIEVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

421 N.E. 1ST STREET
APT 116
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

421 N.E. 1ST STREET
APT 116
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 65-0915521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALGADO, MIRIAM PRES
421 N.E. 1ST STREET
APT 116
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALGADO, MIRIAM
Address: 421 N.E. 1ST STREET APT 116
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: C/D () Delete
Name: LEZCANO, JULIA A
Address: 321 N.E. 1ST COURT APT 202
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: DVP () Delete
Name: WILLIAMS, MICHAEL
Address: 65 WOOD LAKE ROAD
City-St-Zip: KINCHELOE, MI 49788 US

Title: T () Delete
Name: VILA, AMPARO
Address: 421 N.E. 1ST STREET APT 116
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: S () Delete
Name: SMITH, SANDRA
Address: 20 GREAT FALLS PLAZA #510
City-St-Zip: AUBURN, ME 04210 US

Title: VP () Delete
Name: TAYLOR,, MONIQUE W
Address: 321 N.E. 1ST COURT APT 203
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C/D (X) Change () Addition
Name: LEZCANO, JULIA A
Address: 2401 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: DVP (X) Change () Addition
Name: WILLIAMS, MICHAEL
Address: 222CHEST NUT WAY
City-St-Zip: LINDEN, MI 48451 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAN SALGADO

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date