

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004778

FILED
Sep 09, 2004
Secretary of State

Entity Name: TEENS WITH POSITIVE DREAMS, INC.

Current Principal Place of Business:

201 FANFAIR AVE
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

201 FANFAIR AVE
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3321997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGGINS, BETTYE J
201 FANFAIR AVE
ORLANDO, FL 32811 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: D () Delete
Name: MORRIS, W.D.
Address: 2502 BONAIR AVENUE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: LOVEY, JAMES
Address: 2806 WOODBRIDGE LN
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: PICKETT, LACRETIA
Address: 4460 EDMOND ST
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: JACKSON, WILLIE M
Address: 6523 VERNON ST
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: MORRIS, VELDA H
Address: 2502 BONAIR DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: ED () Delete
Name: FIGGINS, BETTYE J
Address: 201 FANFAIR AVE
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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 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: BETTYE J. FIGGINS

EX D

09/09/2004

Electronic Signature of Signing Officer or Director

Date