

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002718

FILED
Feb 14, 2008
Secretary of State

Entity Name: TEEN CHALLENGE JOB TRAINING, INC.

Current Principal Place of Business:

24 W 10TH STREET
COLUMBUS, GA 31901

New Principal Place of Business:

Current Mailing Address:

24 W 10TH STREET
COLUMBUS, GA 31901

New Mailing Address:

FEI Number: 59-3319814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENLOW, KEN
12756 LEXINGTON SUMMIT STREET
ORLANDO, FL 32828 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: VD () Delete
Name: MANDERSCHIED, ROBERT
Address: 4262 RUSHING RIVER
City-St-Zip: SEVIERVILLE, TN 37862

Title: PD () Delete
Name: NANCE, JERRY
Address: 24 W 10TH STREET
City-St-Zip: COLUMBUS, GA 31901

Title: D () Delete
Name: BENIGAS, THOMAS
Address: P.O. BOX 24687 N/A
City-St-Zip: LAKE LAND, FL 33802

Title: D () Delete
Name: LINGERFELT, SCOTT
Address: P.O. BOX 166 N/A
City-St-Zip: MARIANNA, FL 32447

Title: SD () Delete
Name: ENLOW, KEN
Address: 24 W 10TH STREET
City-St-Zip: COLUMBUS, GA 31901

Title: T () Delete
Name: WEIER, DAVE
Address: 24 W 10TH STREET
City-St-Zip: COLUMBUS, GA 31901

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
Name:
Address:
City-St-Zip:

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

Title: T (X) Change () Addition
Name: STRICKLAND, TIMOTHY
Address: 24 W 10TH STREET
City-St-Zip: COLUMBUS, GA 31901

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: TIMOTHY STRICKLAND

T

02/14/2008

Electronic Signature of Signing Officer or Director

Date