

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004811

**FILED**  
**Jun 29, 2004**  
**Secretary of State****Entity Name:** TEEN PREGNANCY PREVENTION CENTER, INC.**Current Principal Place of Business:**2135 N.W. 52ND STREET, UNIT G  
MIAMI, FL 33142**New Principal Place of Business:**4638 N.W. 27TH AVE.  
MIAMI, FL 33142**Current Mailing Address:**2135 N.W. 52ND STREET, UNIT G  
MIAMI, FL 33142**New Mailing Address:**4638 N.W. 27TH AVE  
MIAMI, FL 33142**FEI Number:** 65-0612181**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NUNNALLY, KALENTIA  
5500 NW 4TH AVE  
MIAMI, FL 33127 US**Name and Address of New Registered Agent:**NUNNALLY-FELDMANN, KALENTIA  
5500 NW 4TH AVE  
MIAMI, FL 33127 US

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: KALENTIA NUNNALLY-FELDMANN

06/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: DAVENPORT, STANLEY  
Address: 8352 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33138

Title: VPD ( ) Delete  
Name: FELDMANN, GARY  
Address: 6700 N.W. 17TH AVE., #1  
City-St-Zip: MIAMI, FL 33147

Title: PDT ( ) Delete  
Name: COOPER, GWEN  
Address: 4220 NW 25 AVE  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete  
Name: OVIEDO, CRISTA  
Address: 851 80 STR # 1  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: PONTON, SHAWN  
Address: 1090 N.W. 110TH STREET  
City-St-Zip: MIAMI, FL 33025

Title: T ( ) Delete  
Name: JOHNSON, JAMES  
Address: 3410 GRAND AVE #4  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PDT (X) Change ( ) Addition  
Name: COOPER, GWEN  
Address: 4720 NW 25 AVE  
City-St-Zip: MIAMI, FL 33142

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 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: KALENTIA NUNNALLY-FELDMANN

MRS.

06/29/2004

Electronic Signature of Signing Officer or Director

Date