

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004811

FILED
Apr 12, 2007
Secretary of State

Entity Name: TEEN PREGNANCY PREVENTION CENTER, INC.

Current Principal Place of Business:

4638 N.W. 27TH AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4638 N.W. 27TH AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0612181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNNALLY-FELDMANN, KALENTIA
3000NW 66TH STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

NUNNALLY-BAIN, KALENTIA
3000 NW 66TH STREET
MIAMI, FL 33147 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-BAIN

04/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PDT () Delete
Name: COOPER, GWEN
Address: 4720 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 (X) 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: OVIEDO, CRISTA
Address: 1510 NE 117TH STREET
City-St-Zip: MIAMI BEACH, FL 33167

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

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

Title: ST () Change (X) Addition
Name: MANNINGS, SUSIE
Address: 3312 NW 50TH STREET
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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: KALENTIA NUNNALLY-BAIN

RA

04/12/2007

Electronic Signature of Signing Officer or Director

Date