

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-21-2003 90342 042 ****70.00

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1. Entity Name

TEEN PREGNANCY PREVENTION CENTER, INC.



Principal Place of Business
**2135 N.W. 52ND STREET, UNIT G
MIAMI FL 33142**

Mailing Address
**2135 N.W. 52ND STREET, UNIT G
MIAMI FL 33142**

55046416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0612181**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNNALLY, KALENTIA
5500 NW 4TH AVE
MIAMI FL 33127**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MUNNALLY, KALENTIA**
STREET ADDRESS **5835 S.W. 82ND TERR.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VPD** ☐ Delete
NAME **FELDMANN, GARY**
STREET ADDRESS **8700 N.W. 17TH AVE, #1**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **ST** ☐ Delete
NAME **COOPER, GWEN**
STREET ADDRESS **2349 N.W. 47TH STREET**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **S** ☒ Delete
NAME **DIEJUSTE, MARY**
STREET ADDRESS **5920 S.W. 87TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **S** ☐ Delete
NAME **PONTON, SHAWN**
STREET ADDRESS **1090 N.W. 110TH STREET**
CITY-ST-ZIP **MIAMI FL 33025**

TITLE **T** ☐ Delete
NAME **JOHNSON, JAMES**
STREET ADDRESS **3410 GRAND AVE #4**
CITY-ST-ZIP **MIAMI FL 33133**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD / T** ☒ Change ☐ Addition
NAME **Cooper Gwen**
STREET ADDRESS **4320 NW 25 Ave**
CITY-ST-ZIP **Miami FL 33142**

TITLE **Davenport Stanley** ☐ Change ☒ Addition
NAME **8352 N.E. 2nd Ave**
STREET ADDRESS **Miami, FL 33138 (ST)**
CITY-ST-ZIP

TITLE **Oviedo-Crista** ☐ Change ☒ Addition
NAME **851 80 St #1**
STREET ADDRESS **Miami Bch, FL 33141 (S)**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (10/02)