

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90024 044 ****61.25

DOCUMENT # N98000006131

1. Corporation Name

TEEN VOICES/TEEN CHOICES, INC.

513526-90024-2 6 *

Principal Place of Business

725 MOSLEY RD.
LAKE ALFRED FL 33850

Mailing Address

725 MOSLEY RD.
LAKE ALFRED FL 33850



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

10/27/1998

4. FEI Number

59-3542629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRINKERHOFF, STACY LENNOX
725 MOSLEY RD.
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

President

4/16/99

12. OFFICERS AND DIRECTORS

TITLE ~~DPST~~ BRINKERHOFF ☐ DELETE
NAME BRINKERHOFF, STACY LENNOX
STREET ADDRESS 725 MOSLEY RD.
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE D BRINKERHOFF ☐ DELETE
NAME BRINKERHOFF, BRIAN K
STREET ADDRESS 725 MOSLEY RD.
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE D ☐ DELETE
NAME LENNOX, CANDACE A
STREET ADDRESS 2106 WOODBURN LOOP S.
CITY-ST-ZIP LAKELAND FL 33813

TITLE Andrea Campbell ~~DELETE~~ ADD
NAME TD
STREET ADDRESS 3022 Spirit Lake Rd.
CITY-ST-ZIP Winter Haven, FL 33880

TITLE Kim Zimmerman ~~DELETE~~ ADD
NAME SD
STREET ADDRESS 200 Cumbe Rd.
CITY-ST-ZIP Haines City FL 33844

TITLE Melodi Brown ~~DELETE~~ ADD
NAME D
STREET ADDRESS 301 Lakeview Blvd.
CITY-ST-ZIP Winter Haven, FL 33880

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Amy Tyndall ☐ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS 3800 Recker Hwy
1.4 CITY-ST-ZIP Winter Haven, FL 33880

2.1 TITLE Laura Bishop ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS 242 Corsair Ave.
2.4 CITY-ST-ZIP Lauderdale-by-the-Sea FL 33308

3.1 TITLE Teresa Guenther ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS P.O. Box 7
3.4 CITY-ST-ZIP Eagle Lake, FL 33839

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4-16-99

941 956 9500

Date

Daytime Phone #

CR2E037 (11/98)