

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 026 ****61.25

DOCUMENT # P27061

1. Entity Name

MISSION TEENS, INC.



Principal Place of Business

144 PATRICIA LANE
RUNNEMEDE NJ 08078

Mailing Address

144 PATRICIA LANE
RUNNEMEDE NJ 08078

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

23-7071094

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

MURPHY, BILL
2080 NW 22ND ST
FT LAUDERDALE FL 33311

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
Due By May 1, 2005

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	ED	<input type="checkbox"/> Delete
NAME	BRACKEN, JAMES D.	
STREET ADDRESS	144 PATRICIA LANE	
CITY-ST-ZIP	RENNEMEDE NJ	
TITLE	FBM	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, DIANE	
STREET ADDRESS	507 WESTMINSTER BLVD	
CITY-ST-ZIP	TURNERSVILLE NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASI, PATRICIA	
STREET ADDRESS	1300 SYLVAN AVE.	
CITY-ST-ZIP	HADDON HEIGHTS NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRACKEN, ISABEL	
STREET ADDRESS	144 PATRICIA LANE	
CITY-ST-ZIP	RENNEMEDE NJ	
TITLE	FBM	<input type="checkbox"/> Delete
NAME	TRYON, TOM	
STREET ADDRESS	1012 CHESTERFIELD RD	
CITY-ST-ZIP	HADDONFIELD NJ 08033	
TITLE	FBM	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, RICHARD	
STREET ADDRESS	507 WESTMINSTER BLVD	
CITY-ST-ZIP	TURNERSVILLE NJ 08012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FBM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOTI, PETER	
STREET ADDRESS	81 SETAUKET TRAIL	
CITY-ST-ZIP	MEDFPRD. NJ 08055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James D. Bracken

James D. Bracken, Exec.Dir. 3/2/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20020775



1st MOORE

CR2E037 (10/04)