


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, BILL 2080 NW 22ND ST FT LAUDERDALE FL 33311			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BRACKEN, JAMES D.		NAME		
STREET ADDRESS	144 PATRICIA LANE		STREET ADDRESS		
CITY-ST-ZIP	RENNEMEDE NJ		CITY-ST-ZIP		
TITLE	FBM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FOTI, PETER		NAME		
STREET ADDRESS	81 SE LAUKET TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD NJ 08055		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MASI, PATRICIA		NAME		
STREET ADDRESS	1300 SYLVAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	HADDON HEIGHTS NJ		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BRACKEN, ISABEL		NAME		
STREET ADDRESS	144 PATRICIA LANE		STREET ADDRESS		
CITY-ST-ZIP	RENNEMEDE NJ		CITY-ST-ZIP		
TITLE	FBM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TRYON, TOM		NAME		
STREET ADDRESS	1012 CHESTERFIELD RD		STREET ADDRESS		
CITY-ST-ZIP	HADDONFIELD NJ 08033		CITY-ST-ZIP		
TITLE	FBM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FLYNN, RICHARD		NAME		
STREET ADDRESS	507 WESTMINSTER BLVD		STREET ADDRESS		
CITY-ST-ZIP	TURNERSVILLE NJ 08012		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **23-7071094**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 04/05/06-80007-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* 3/8/06 846-782-7771