

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006636

Entity Name: TEEN EMPOWERED MENTORING PARENT PROGRAM INC.**Current Principal Place of Business:**402 MIRABELLE DRIVE
PENSACOLA, FL 32514**Current Mailing Address:**402 MIRABELLE DR.
PENSACOLA, FL 32514 US**FEI Number:** 90-0721654**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILLIAMS, CLAUDIA S
402 MIRABELLE DR
PENSACOLA, FL 32514 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:** CLAUDIA S. WILLIAMS

08/31/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CHAIRMAN
Name WILLIAMS, CLAUDIA S
Address 402 MIRABELLE DR.
City-State-Zip: PENSACOLA FL 32514

Title VP
Name CURRY, BETTY
Address 1917 HWY 297A
City-State-Zip: CANTONMENT FL 32533

Title CORRESPONDING SECRETARY
Name ROLAND, MONICA
Address 912B RENTZ AVENUE
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY
Name CURRY, MAMIE L
Address 220 GARFIELD DRIVE
City-State-Zip: PENSACOLA FL 32505

Title TREASURER
Name BROWN, SHARON A
Address 1950 WYATT ST.
City-State-Zip: PENSACOLA FL 32514

I hereby 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 all other like empowered.

SIGNATURE: SHARON A BROWN

TREASURER

08/31/2018

Electronic Signature of Signing Officer/Director Detail

Date