

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

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90064 013 ****61.25

DOCUMENT # N02000002891

1. Entity Name

DUVAL COUNTY TEEN COURT, INC.



Principal Place of Business

CITY HALL ANNEX
220 E BAY ST STE 703
JACKSONVILLE FL 32202

Mailing Address

CITY HALL ANNEX
220 E BAY ST STE 703
JACKSONVILLE FL 32202

40015500



1st MOORE

CR2E037 (10/04)

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

03-0449516

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

BEAN, DANIEL K
9133 AGINCOURT LANE
JACKSONVILLE FL 32257

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 | CD | <input type="checkbox"/> Delete |
| NAME | MCCAULIE, W GREGG | |
| STREET ADDRESS | 330 E. BAY ST. STE. 107 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | FLOWER, GARY P | |
| STREET ADDRESS | 330 E BAY ST STE 316 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | BEAN, DANIEL | |
| STREET ADDRESS | 9133 AGINCOURT LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHORSTEIN, ANN R | |
| STREET ADDRESS | 7555 BEACH BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, ELAINE | |
| STREET ADDRESS | 117 W DUVAL ST STE 425 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEAL, BOBBY LT | |
| STREET ADDRESS | 501 E BAY ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |

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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2830 Ridgfield Court | |
| STREET ADDRESS | All else remains same, excepting middle initial | |
| 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:

Daniel K Bean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Date

904.758.7294

Daytime Phone #