

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# N04000000143

Entity Name: TEEN COURT OF GULF COUNTY, INC.

**Current Principal Place of Business:**

1000 CECIL COSTIN SR. BLVD ROOM 126  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

1000 CECIL COSTIN SR. BLVD ROOM 126  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 75-3162078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGIDSON, MEL C JR  
526 6TH STREET  
PORT ST. JOE, FL 32456      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WASHABAUGH, DON S  
Address: 139 BETTY DR  
City-St-Zip: PORT ST JOE, FL 32456

Title: D      ( ) Delete  
Name: WITTEN, FRED N  
Address: 601 20TH STREET  
City-St-Zip: PORT ST JOE, FL 32456

Title: D      ( ) Delete  
Name: MAGIDSON, MEL C JR  
Address: 218 GAUTIER MEMORIAL LANE  
City-St-Zip: PORT ST JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MEL C. MAGIDSON JR.

D

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date