2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N05000001799

1. Entity Name

BAKÉR COUNTY TEEN COURT INC.



Principal Place of Business

19 WEST MACCLENNY AVE.

#109

MACCLENNY, FL 32063

Mailing Address

759 FOX RUN CIRCLE MACCLENNY, FL 32063

FILED Apr 22, 2008 8:00 am Secretary of State

04-22-2008 90020 049 ****61.25

40076604



03282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number			Applied For
43-2078140	_		Not Applica
5. Certificate of Status Desired		\$8.75 A	

6. Name and Address of Current Registered Agent

BRANNAN, RYAN C 759 FOX RUN CIRCLE MACCLENNY, Ft. 32063

DO	NOT	WRIT	E
IN .	THIS	SPACE	=

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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								
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financin Trust Fund Contribution.	g	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNAN, RYAN C 759 FOX RUN CIRCLE MACCLENNY, FL 32063				•				
TITLE NAME STREET ADDRESS: CITY-ST-ZIP	D BRANNAN, SANDI L 759 FOX RUN CIRCLE MACCLENNY, FL 32063								
THILE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, FRANK W 1250 PEACHTREE STREET JACKSONVILLE, FL 32207			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dulie Johnson 25580 CL 127 Sanderson, FL 32087			IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR