

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29044** (7)

1. Corporation Name
TEEN COURT OF SARASOTA, INC.



Principal Place of Business Mailing Address
P O BOX 48927 SARASOTA FL 34230
~~4050 RINGLING BOULEVARD~~
SARASOTA FL 34236
US

3. Date Incorporated or Qualified **10/26/1988** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **101 S. Washington Blvd.**
22 City & State **27** **9th Floor**
23 **Sarasota FL**
24 Zip **25** **34236** **29** Country **30** **USA**

4. FEI Number **65-0108304** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, DAVID M.
219 SOUTH ORANGE AVENUE
SARASOTA FL 34236

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICE, FAY	
STREET ADDRESS	2071 RINGLING BOULEVARD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIETZ, FRANCIS	
STREET ADDRESS	1620 NORTH LODGE DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUTLER, CHRISTINE	
STREET ADDRESS	720 SOUTH ORANGE AVENUE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EBERSOLE, BETH	
STREET ADDRESS	1858 RINGLING BOULEVARD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRON, LEE	
STREET ADDRESS	2418 HATTON	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEDLEY, HAL	
STREET ADDRESS	1750 17TH ST, BLDG L	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ND
1.3 STREET ADDRESS	M. KATHLEEN SELF
1.4 CITY - ST - ZIP	101 S. WASHINGTON BLVD SARASOTA, FL 34236
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Kathleen Self* **Feb. 23, 1996** **941-951-4078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)