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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29044
 1. Corporation Name
TEEN COURT OF SARASOTA, INC.

Principal Place of Business 101 S. WASHINGTON BLVD. 3RD FLOOR SARASOTA FL 34230 US	Mailing Address P. O. BOX 48927 9TH FLOOR SARASOTA FL 34230 US
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2. Principal Place of Business 21 101 S. Washington Blvd.	2a. Mailing Address 26 P. O. Box 48927	3. Date Incorporated or Qualified 10/26/1988
22 Suite, Apt. #, etc. Suite 301	27 Suite, Apt. #, etc.	4. FEI Number 65-0108304
23 City & State Sarasota, FL 34236	28 City & State Sarasota, FL 34230	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MITCHELL, DAVID M. 219 SOUTH ORANGE AVENUE SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, FAY	1.2 NAME	Susan Hauck
STREET ADDRESS	2071 RINGLING BOULEVARD	1.3 STREET ADDRESS	6322 Ravenwood Court
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETZ, FRANCIS	2.2 NAME	Jim Trope C/O FCCI Mutual Ins. Group
STREET ADDRESS	1620 NORTH LODGE DRIVE	2.3 STREET ADDRESS	2601 Cattleman Road
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, CHRISTINE	3.2 NAME	Thomas A. Mechinger, CPA
STREET ADDRESS	720 SOUTH ORANGE AVENUE P. O. Box 2018	3.3 STREET ADDRESS	2831 Ringling Blvd. - Suite 204B
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34237
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBERSOLE, BETH	4.2 NAME	A. Heather Tilman
STREET ADDRESS	1858 RINGLING BOULEVARD	4.3 STREET ADDRESS	1732 Redwood St. - Apt. F
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRON, LEE	5.2 NAME	Jacueeline Miller
STREET ADDRESS	2418 HATTON 653 Sinclair Drive	5.3 STREET ADDRESS	P. O. Box 2018
CITY-ST-ZIP	SARASOTA FL 34240	5.4 CITY-ST-ZIP	Sarasota, FL 34230
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELF, M. KATHLEEN	6.2 NAME	Melissa M. Fritsch
STREET ADDRESS	101 S. WASHINGTON BLVD	6.3 STREET ADDRESS	1566 Dogwood DR.
CITY-ST-ZIP	SARASOTA FL 34236	6.4 CITY-ST-ZIP	Sarasota, FL 34232

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: M. Kathleen Self DATE: 03/18/99 DAYTIME PHONE #: (941) 951-4278

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