


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 032 ****70.00

DOCUMENT # N29044 1. Entity Name TEEN COURT OF SARASOTA, INC.			
Principal Place of Business 101 S. WASHINGTON BLVD. STE 301 SARASOTA FL 34230 US		Mailing Address P. O. BOX 48927 SARASOTA FL 34230 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip 34236	Country	Zip	Country
6. Name and Address of Current Registered Agent MITCHELL, DAVID M. 219 SOUTH ORANGE AVENUE SARASOTA FL 34236		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, FAY 2071 RINGLING BOULEVARD SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROPE, JIM 6300 UNIVERSITY PARKWAY SARASOTA FL 34230-8424 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, CHRISTINE PO BOX 2018 SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRON, LEE 653 SINCLAIR DR SARASOTA FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SELF, M. KATHLEEN 101 S. WASHINGTON BLVD SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, KIMBERLY P PO BOX 3258 SARASOTA FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>M. Kathleen Self</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-1-04</u> <small>Date</small>	<u>(941)861-8460</u> <small>Daytime Phone #</small>

Attachment

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N29044

TEEN COURT OF SARASOTA, INC.
2003 - 04 BOARD OF DIRECTORS

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VP/D

Michael E. Garlington
Northern Trust Bank
P. O. Box 4097
Sarasota, FL 34236

S/D

Heather Blanton
P. O. Box 48927
Sarasota, FL 34230

T/D

Thomas A. Menchinger, CPA
2831 Ringling Blvd. - Suite 204B
Sarasota, FL 34237

AT/D

Tonia Miller
Kerkering, Barberio & Co., P.A.
1858 Ringling Blvd.
Sarasota, FL 34236

DIRECTORS:

Joseph R. DeCiantis
145 E. Miami Ave.
Venice, FL 34285

Christa Larsen
4006 Woodview Drive
Sarasota, FL 34232

Lt. Tim Carney

Unit Commander
C/O Sheriff's Office
P. O. Box 4115
Sarasota, FL 34230

Sgt. Stew Andrews
C/O S.C.S.O.
Youth Services Unit
P. O. Box 4115
Sarasota, FL 34230