


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90088 001 \*\*\*\*70.00

<b>DOCUMENT # N29044</b> 1. Entity Name TEEN COURT OF SARASOTA, INC.	
--	---


Principal Place of Business 101 S WASHINGTON BLVD. STE 301 SARASOTA FL 34236 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	Country	Zip	Country
-----	---------	-----	---------

1st MOORE CR2E037 (10/04)



4. FEI Number 65-0108304	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  WALKER, KIMBERLY P 200 SOUTH ORANGE AVENUE SARASOTA FL 34236	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS	
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	D BUTLER, CHRISTINE PO BOX 2018 SARASOTA FL <input type="checkbox"/> Delete
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	MD SELF, M. KATHLEEN 101 S. WASHINGTON BLVD SARASOTA FL 34236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, KIMBERLY P PO BOX 3238 SARASOTA FL 34230 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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.

**M. Kathleen Self**  
SIGNATURE: *M. Kathleen Self* **2/4/2005** **(941)861-8460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

20014563

TEEN COURT OF SARASOTA, INC.  
BOARD OF DIRECTORS - 2004-2005  
Page Two

# 129044

<b>Vice-President:</b>	<b>Garlington, Michael</b> Northern Trust Bank P. O. Box 4097 Sarasota, FL 34230	<b>(941) 329-2615</b>
<b>Treasurer:</b>	<b>Menchinger, Thomas A. CPA</b> 2831 Ringling Blvd. - Suite 204B Sarasota, FL 34237	<b>(941) 366-5646</b>
<b>Assistant Treasurer:</b>	<b>Miller, Tonia</b> Kerkering Barberio & Co., P.A. 1858 Ringling Blvd. Sarasota, FL 34236	<b>(941) 365-4617</b>
<b>Secretary:</b>	<b>Blanton, Heather</b> Citizen Dispute Settlement Program P. O. Box 48927 Sarasota, FL 34230	<b>(941) 861-7833</b>
<b>DIRECTORS:</b>	<b>Larsen, Christa</b> 4006 Woodview Drive Sarasota, FL 34232	<b>(941) 907-2879</b>