2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2007 8:00 am DOCUMENT # N29044 Secretary of State 1. Entity Name 03-01-2007 90020 009 ****70.00 TEEN COURT OF SARASOTA, INC. Principal Place of Business Mailing Address 101 S WASHINGTON BLVD. P. O. BOX 48927 SARASOTA FL 34230 SARASOTA FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suile, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 65-0108304 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, KIMBERLY P Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remistating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change **SC** Addition NAME NAME RICE, FAY Garlington, Michael E. STREET ADDRESS STREET ADDRESS 2266 HAWTHORNE ST P. O. Box 4097 CITY-SI-ZIP CITY-ST-7IP SARASOTA FL 34239 Sarasota, FL 34230-9977 TITLE Delete TITLE Change Addition D AT NAME NAME BUTLER, CHRISTINE Miller, Tonia STREET ADDRESS 1605 MAIN ST SUITE 800 STREET ADDRESS 5520 Burnt Branch Circle CITY-ST-7IP CITY-ST-7IP SARASOTA FL 34230-2018 Sarasota, FL 34240 Delete THUE Change K Addition TITLE Darville, Wyndel NAME NAME BYRON, LEE STREET ADDRESS STREET ADDRESS 2071 Ringling Blvd. 653 SINCLAIR DR Sarasota, FL 34237 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 TITLE ☐ Change **▼** Addition ☐ Delete Harris, Sally NAME NAME SELF, M. KATHLEEN 6300 University Parkway STREET ADDRESS STREET ADDRESS 101 S. WASHINGTON BLVD Sarasota, FL 34240 CITY-ST-ZIP CHY-SI-7IP SARASOTA FL 34236 ☐ Delete THE ☐ Change Addition HILE Blanton, Heather WALKER, KIMBERLY P NAME NAME P. O. Box 48927 STRLE1 ADDRESS STREET ADDRESS 220 S ORANGE AVE Sarasota, FL 34240 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete TITLE Change **★** Addition Joels, Emma NAME MENCHINGER, THOMAS A CPA NAME 1074 N. Orange Avenue STREET ADDRESS STREET ADDRESS 2831 RINGLING BLVD SUITE 204-B CITY-ST-ZIP Sarasota, FL 34236 CITY - ST - ZIP SARASOTA FL 34237

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

IGNATURE: M. Kathleen Self 2/20/2007 941-861-8460